FREMONT PUBLIC SCHOOLS

ANAPHYLAXIS EPINEPHRINE EMERGENCY ACTION PLAN

**This information expires on June 30, _____

Fremont Public Schools personnel are prohibited from providing or administering any medication to a student except as authorized by the Board Policy.

MEDICATIONS MUST BE CARRIED IN THE ORIGINAL CONTAINER WITH THE PHARMACY LABEL INTACT

Child's name:	Date of plan:
Date of Birth: Provider name/phone number: Child has allergy to:	
Throat: Tight, hoarse, trouble breathing and/or Swallowing/speaking Mouth: Significant swelling of the tongue and/or lips Skin: Many hives over body, widespread redness Gut: Repetitive vomiting, severe diarrhea Neuro: Feeling something bad is about to happen, anxiety, fear	 Record time epinephrine used and inform EMS upon arrival. Continue to keep on back with legs elevated above heart. If difficulty breathing or vomiting present, let individual sit up or lie on side. Provide first aid/CPR as necessary.
Medication/Dosage: Select appropriate epinephrine au Dosage: □ 0.15 mg Epinephrine autoinjector IM, if less □ 0.30 mg Epinephrine autoinjector IM, if 66 p	toinjector dose, based on weight. than 66 pounds

AUTHORIZED SIGNATURES

Physician Authorization Signature/Date

Parent/Guardian Authorization Signature/Date