

**Canton Public Schools
Emergency Health Care Plan**

School Year: September _____ to June _____

PLACE
PHOTO OF
STUDENT HERE

STUDENT'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____ HOME ROOM/TEACHER: _____

ALLERGY TO: _____

Asthmatic Yes* No

*Higher risk for severe reaction

◆ **STEP 1: TREATMENT** ◆

To be determined by physician authorizing treatment

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth = itching, tingling, or swelling of lips, tongue, mouth
- Skin = Hives, itchy rash, swelling of the face or extremities
- Gut = Nausea, abdominal cramps, vomiting, diarrhea
- Throat = Tightening of throat, hoarseness, hacking cough
- Lung = Shortness of breath, repetitive coughing, wheezing
- Heart = Thready pulse, low blood pressure, fainting, pale, blueness
- Other = _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication * * :

- | | |
|---------------------------------|----------------------------------------|
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. = Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

◆ **STEP 2: EMERGENCY CALLS** ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed)

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.) _____ 2.) _____
b. _____	1.) _____ 2.) _____
c. _____	1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)

TRAINED STAFF MEMBERS

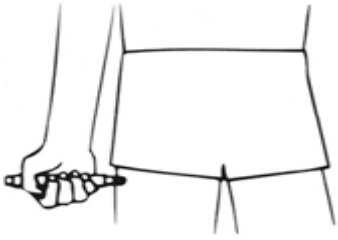
1. _____ Room _____
2. _____ Room _____
3. _____ Room _____

EpiPen® and EpiPen® Jr. Auto Injector
Directions:

- First remove the EpiPen Auto-Injector for the plastic carrying case
- Pull off the **BLUE** safety release cap



- Hold **ORANGE** tip near outer thigh (Always apply to thigh).



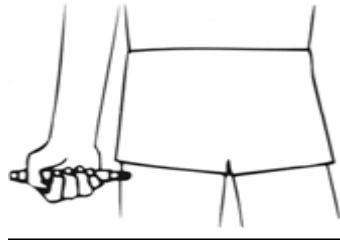
- Swing and firmly push orange tip against outer thigh. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg
Directions:

- Remove caps labeled “1” and “2.”



- Place **RED** rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds and then remove. Massage the injection site for 10 seconds.

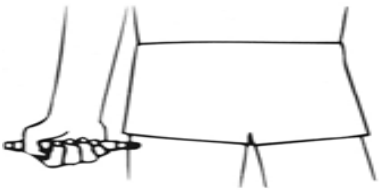


Adrenaclick™ 0.3 mg / Adrenaclick™ 0.15 mg
Directions:

Adrenaclick™ 0.3 mg and
 Adrenaclick™ 0.15 mg Directions



- Remove **GREY** caps labeled “1” and “2.”
- Place **RED** rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove. Massage the injection site.



I give permission for my son/daughter to self-administer their Epinephrine as prescribed by his/her physician.

_____ Yes _____ No

I give permission for the school nurse (or appropriately trained school personnel) to administer Epinephrine and share information as deemed necessary for my child’s health and safety.

Parent/Guardian Signature _____

Date _____

Epinephrine Locations: _____

Epinephrine Expiration Date: _____