Patient's Name		Date of	Birth	Expiration Date for Action Plan
Health Care Provider Responsible Person (i.e. parent/guardian)		Provider's Phone Number Phone Number		
Emergency Contacts	Number	Wor	k Number	Cellular Number
1. 2.				
Patient's known severe allergies:				
autone 5 mio vii sovere unergresv				
WATCH F	FOR SIGNS AND S	YMPTO M	S OF ANA	APHYLAXIS
Medication:				mptoms may be present. Severity of
To prevent anaphylaxis shock administer a one time		symptoms can change quickly. Some symptoms can be life threatening:		
injection in thigh or specify other		tinicatemin	5.	
		• Ra	sh (especia	lly hives) with redness and
				cially on face, lips and tongue
☐ EpiPen Jr. (0.15 mg) ☐ EpiPen (0.3 mg)		 Shortness of breath, cough, wheeze Difficulty talking and/or hoarse voice Abdominal pain, vomiting, diarrhea 		
Other	_			
	ACT QU	ICKLY !!	!!!	
How to give EniDen®				
or EpiPen® Ir (can be administered t	How to give EpiPen® or EpiPen® Jr (can be administered through clothing)		y with the	child and have someone call 01
		1. Stay with the child and have someone call 911		
			-	n (epinephrine).
1. Form fist 2. Place black 3. Push do				sist child in injecting the
around EpiPen® end against click is he or felt and	ard careful not to		neparine ii ove.	n thigh using medication listed
grey cap. in place for 10 second	r Massage the			ancible nersen or other
	for 10 seconds.		_	onsible person or other ntacts listed above.
NOME OF THE PROPERTY AND ADDRESS OF THE ADDRESS OF			•	
CHOOL MEDICATION CONSENT AN Healthcare Providers Initials	D PROVIDER ORDER F	OK CHILDK	EN AND YOU) 1H:
	This student was trained and is capable to self-administer with the auto injectable epinephrine pen			This publication was supported by Cooperative Agreement Number U59/CCU324208-03 from th
This student is not approved to self-medicate		unto injectuore e	pinopinino pon	Centers for Disease Control and Prevention (CD
This student is not approved to s	on modificate			Its content is solely the responsibility of the autiand do not necessarily represent the official view
Health Care Provider's Signature		ate		of the CDC. Permission to Reproduce Blank Form
As the Responsible Person, I hereby authorize a tra	ained school employee to adminis	ter medication to	the student	
As the Responsible Person, I hereby authorize this	student to possess and self-admin	nister medication		GOVERNMENT OF THE DISTRICT OF COLUMBIA
hereby acknowledge that the District, the school, or omissions under D.C. Law 17-107, except for co				
of offissions under B.C. Law 17 107, except for C.			-8	DEPARTMENT OF HEALTH Promote: Prevent. Protect.

REVISED MARCH 2011 PATIENT COPY

	CTION PLAN F			
Patient's Name		Date of Birth	Expiration Date for Action Plan	
Health Care Provider		Provider's Phone Number		
Responsible Person (i.e. parent/guardian)		Phone Number		
Emergency Contacts	Home Telephone Number	Work Number	Cellular Number	
•				
atient's known severe allergies:				
WATCH	FOR SIGNS AND S			
Medication: To prevent anaphylaxis shock a njection in thigh or specify oth		symptoms can change threatening:	ymptoms may be present. Severity of quickly. Some symptoms can be life ally hives) with redness and	
EpiPen Jr. (0.15 mg) EpiPen (0.3 mg) Other		 swelling especially on face, lips and tongue Shortness of breath, cough, wheeze Difficulty talking and/or hoarse voice Abdominal pain, vomiting, diarrhea Loss of consciousness 		
	ACT QU	JICKLY!!!!!		
1. Form fist around EpiPen® and pull off grey cap. 2. Place black end against outer mid-thigh. 3. Push down HARD until a click is heard or felt and hold in place for 10 seconds. 4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.		 Stay with the child and have someone call 911. Locate EpiPen (epinephrine). Oversee or assist child in injecting the epinephrine in thigh using medication listed above. Contact responsible person or other emergency contacts listed above. 		
CHOOL MEDICATION CONSENT	AND PROVIDER ORDER F	OR CHILDREN AND YO	UTH:	
This student is not approved This student is not approved	is capable to self-administer with the to self-medicate	e auto injectable epinephrine pen	This publication was supported by Cooperative Agreement Number U59/CCU324208-03 from the Centers for Disease Control and Prevention (CDC) Its content is solely the responsibility of the author and do not necessarily represent the official views of the CDC.	
Health Care Provider's Signature	D	ate	Permission to Reproduce Blank Form	
As the Responsible Person, I hereby authorize As the Responsible Person, I hereby authorize hereby acknowledge that the District, the school or omissions under D.C. Law 17-107, except for	this student to possess and self-admin	nister medication. be immune from civil liability for		

Responsible Person's Signature

Date

FOR ANAPHYL	LAAIS					
Date of Birth Expiration Date for Action Plan						
Provider's Phone Nu	Provider's Phone Number					
Phone Number						
Work Number	Cellular Number					
 Only a few signs and symptoms may be present. Severity of symptoms can change quickly. Some symptoms can be life threatening: Rash (especially hives) with redness and swelling especially on face, lips and tongue 						
 Shortness of Difficulty tage Abdominal 						
JICKLY !!!!!						
 Locate EpiPe Oversee or as epinephrine i above. Contact response 	e child and have someone call 911. en (epinephrine). ssist child in injecting the an thigh using medication listed onsible person or other ontacts listed above.					
SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN AND YOUTH:						
Date ister medication to the student	This publication was supported by Cooperative Agreement Number U59/CCU324208-03 from the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of the authors and do not necessarily represent the official views of the CDC. Permission to Reproduce Blank Form					
	Provider's Phone Number Work Number Work Number Only a few signs and symptoms can change othreatening: Rash (especial swelling espelling espel					

Responsible Person's Signature

Date