FAIRFIELD INDEPENDENT SCHOOL DISTRICT

EPINEPHRINE AUTO-INJECTOR (EPI-PEN) ORDERS

Student's Name: _____DOB:_____

Grade: _____ Teacher: _____Drug Allergies:_____

To Be Completed By Physician

ALLERGEN for which medication is given: _____

For Minor Allergic Reaction:

1.If only symptoms are: _____

give _____

Liquid diphenhydramine or other medication/dose/route of administration

2. Notify the parent and watch student closely for changes.
3. If condition does not improve within 10 minutes, follow steps for major allergic reaction.

For Major Allergic Reaction:

1. If symptoms are: _____

give Epinephrine Auto-Injector (EpiPen 0.3 mg) or

Epinephrine Auto-Injector (EpiPen Jr. 0.15mg) (circle correct dosage)

2. Call 911 and request advanced life support for possible anaphylactic reaction.
3. Call parent.
4. Repeat Epinephrine Auto-Injector (EpiPen 0.3 mg) or

Epinephrine Auto-Injector (EpiPen Jr. 0.15 mg) (circle correct dosage)

after _____ minutes if symptoms not improved and EMS not arrived.

- ❏ I have instructed this student in the procedure to use his/her Epi-Pen. It is my professional opinion that this student **SHOULD** be allowed to carry and self-administer the Epi-Pen while on school property or at school-related events.
- ❏ It is my professional opinion that this student **SHOULD NOT** carry and self administer his/her Epi-Pen while on school property or at school-related events.

Printed Name of Physician: _____Date: _____

Physician's Signature: _____

Physician's Phone Number: _____Fax: _____

To Be Completed By Parent

I request that oral medication and Epinephrine Auto-Injector (EpiPen) be administered to my child according to the signed protocol from my physician. I hereby give my permission for the school nurse to consult with the prescribing physician regarding the above orders. I give my permission for information regarding this plan/student to be shared with school personnel on a need-to-know basis.

Parent's Signature: _____Date: _____

Parent Emergency Phone Numbers: _____

Emergency Contacts Other Than Parents:_____

Emergency Contacts Phone Numbers:_____

Please fax to: Nurse 903-303-2073