

**Authorization for Administration of Epinephrine and
Anaphylaxis Standard Health Care Plan
(To be completed by parent/guardian)**



School name: _____ **School year:** _____

Student information

Name: _____ **Birthdate (Y/M/D):** _____

Address: _____

MHSC # (6 digit): _____ **PHIN # (9 digit):** _____

Parent/guardian information

Parent/guardian: _____ **Daytime phone:** _____

Parent/guardian: _____ **Daytime phone:** _____

Emergency contact: _____ **Daytime phone:** _____

Medical information

Medication device	Dose
EpiPen	0.15 mg
Other _____ Contact URIS nurse if other is selected.	0.3 mg

A second epinephrine auto-injector is available at the school: No Yes Location: _____

Name of prescribing physician: _____

Life-threatening allergy(s): _____

Parent/guardian authorization

As per school division/independent school policy, the student shall carry their epinephrine auto-injector on their person.

I, the parent, will ensure the child named above carries their epinephrine auto-injector on their person while attending school.

I understand that:

- Authorization to administer epinephrine is renewed annually with student registration or upon a change in medication.
- The pharmacy label must be on the epinephrine auto-injector.
- The parent is responsible for replacing expired medication, as well as the removal and disposal of expired medication.

I hereby request and authorize the Facility to administer the medication named above to my child as outlined in the attached Anaphylaxis Standard Health Care Plan.

Parent/guardian signature: _____ **Date:** _____

The school acknowledges receipt of this form.

School administrator signature: _____ **Date:** _____

Anaphylaxis Standard Health Care Plan (SHCP)

The Anaphylaxis SHCP is based on the clinical practice guidelines developed by the Unified Referral and Intake System (URIS) in consultation with Children's Allergy and Asthma Education Centre (CAAEC) at Health Sciences Centre. These clinical practice guidelines are available on the URIS website. [Unified Referral and Intake System \(URIS\)](#) | [Manitoba Education and Early Childhood Learning \(gov.mb.ca\)](#)

IF YOU SEE THIS: 	DO THIS:
If ANY combination of the following signs is present and there is reason to suspect anaphylaxis: Face ■ Red, watering eyes ■ Runny nose ■ Swelling of the face, lips, or tongue ■ Hives (red, raised, itchy rash) Airway ■ A sensation of throat tightness ■ Difficulty swallowing ■ Difficulty breathing ■ Coughing ■ Wheezing ■ Hoarseness or other change of voice ■ Drooling Stomach ■ Vomiting ■ Diarrhea ■ Stomach cramps Total body ■ Hives (red, raised, itchy rash) ■ Feeling a "sense of doom" ■ Sudden change in behaviour ■ Pale or bluish skin ■ Dizziness or fainting ■ Loss of consciousness	1. Inject the epinephrine auto-injector into the outer middle thigh. a) Secure the child's leg. Ensure the child is sitting or lying in a position of comfort. b) Identify the injection area on the outer middle thigh. c) Hold the epinephrine auto-injector correctly. d) Remove the safety cap. e) Press the tip into the outer middle thigh at a 90° angle until you hear or feel a click. f) Hold it in place for a slow count of five to ensure the medication is fully delivered. g) Discard the used epinephrine auto-injector as per the community program's policy for disposal of sharps or give it to EMS personnel. 2. Activate 911/EMS. Ideally, this is done at the same time as administering the epinephrine by delegating this task to another responsible adult. 3. Notify the child's parent/guardian. 4. If the signs of anaphylaxis persist, administer a second dose of epinephrine as early as five minutes after giving the first dose. 5. Stay with the child until EMS personnel arrive. Antihistamines are <u>NOT</u> used in responding to anaphylaxis in the child care facility.

If you have questions about the medical information on this form, you may contact the URIS nurse for the Facility or the regional health authority ([Unified Referral and Intake System \(URIS\)](#) | [Manitoba Education and Early Childhood Learning \(gov.mb.ca\)](#)).