

AUTHORIZATION FOR ADMINISTRATION OF EPINEPHRINE & ANAPHYLAXIS STANDARD HEALTH CARE PLAN (SHCP)
(TO BE COMPLETED BY THE PARENT/GUARDIAN/CAREGIVER)



School Name: _____ School Year: _____

Student Information

Name: _____ Birthdate: _____ / _____ / _____
Year Month Day

Address: _____

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

Parent/Guardian/Caregiver Information

Parent/Guardian/Caregiver: _____ Daytime phone(s) _____

Parent/Guardian/Caregiver: _____ Daytime phone(s) _____

Emergency contact: _____ Daytime phone(s) _____

Medical Information

Name & Dose	<input type="checkbox"/> EpiPen® Jr 0.15 mg (green)	<input type="checkbox"/> Allerject® 0.15 mg (blue)	<input type="checkbox"/> Emerade™ 0.3 mg
	<input type="checkbox"/> EpiPen® 0.3 mg (yellow)	<input type="checkbox"/> Allerject® 0.3 mg (orange)	<input type="checkbox"/> Emerade™ 0.5 mg

Name of prescribing physician: _____

Life-threatening allergy(s): _____

Back-up epinephrine auto-injector provided to school Location: _____

The parent/guardian/caregiver has the option of supplying an extra epinephrine auto-injector to be kept in a secure location but unlocked for quick access.

Parent/Guardian/Caregiver Authorization

As per school division policy JLCD-R, page 18, the student shall carry their epinephrine auto-injector on their person.

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

I understand that:

- Authorization to Administration of Epinephrine form is renewed annually with student registration or upon a change in medication.
- The pharmacy label must be on the epinephrine auto-injector.
- The Parent/Guardian/Caregiver is responsible for replacing expired medication as well as the removal and disposal of expired medication.

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


Parent/Guardian/Caregiver Signature:	Date

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:				
<p>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</p> <table border="0"> <tr> <td data-bbox="126 688 462 961"> <p>Face</p> <ul style="list-style-type: none"> • Red, watering eyes • Runny nose • Redness and swelling of face, lips and tongue • Hives (red, raised and itchy rash) </td> <td data-bbox="479 688 787 840"> <p>Stomach</p> <ul style="list-style-type: none"> • Severe vomiting • Severe diarrhea • Severe cramps </td> </tr> <tr> <td data-bbox="126 1014 462 1402"> <p>Airways</p> <ul style="list-style-type: none"> • A sensation of throat tightness • Hoarseness or other change of voice • Difficulty swallowing • Difficulty breathing • Coughing • Wheezing • Drooling </td> <td data-bbox="479 993 787 1381"> <p>Total Body</p> <ul style="list-style-type: none"> • Hives • Feeling a “sense of doom” • Change in behaviour • Pale or bluish skin • Dizziness • Fainting • Loss of consciousness </td> </tr> </table>	<p>Face</p> <ul style="list-style-type: none"> • Red, watering eyes • Runny nose • Redness and swelling of face, lips and tongue • Hives (red, raised and itchy rash) 	<p>Stomach</p> <ul style="list-style-type: none"> • Severe vomiting • Severe diarrhea • Severe cramps 	<p>Airways</p> <ul style="list-style-type: none"> • A sensation of throat tightness • Hoarseness or other change of voice • Difficulty swallowing • Difficulty breathing • Coughing • Wheezing • Drooling 	<p>Total Body</p> <ul style="list-style-type: none"> • Hives • Feeling a “sense of doom” • Change in behaviour • Pale or bluish skin • Dizziness • Fainting • Loss of consciousness 	<ol style="list-style-type: none"> Inject the epinephrine auto-injector in the outer middle thigh. <ol style="list-style-type: none"> Secure the child’s leg. The child should be sitting or lying down in a position of comfort. Identify the injection area on the outer middle thigh. Hold the epinephrine auto-injector correctly. Remove the safety cap by pulling it straight off. Firmly press the tip into the outer middle thigh at a 90° angle until you hear or feel a click. Hold in place to ensure all the medication is injected. Discard the used epinephrine auto-injector following the community program’s policy for disposal of sharps or give to EMS personnel Activate 911/EMS. <i>Activating 911/EMS should be done simultaneously with injecting the epinephrine auto-injector by delegating the task to a responsible person.</i> Notify parent/guardian/caregiver. A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given IF symptoms have not improved. Stay with child until EMS personnel arrive. <i>Prevent the child from sitting up or standing quickly as this may cause a dangerous drop in blood pressure.</i> <p><i>Antihistamines are <u>NOT</u> used in managing life-threatening allergies in the school.</i></p>
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