Pembina Trails School Division
Accomplish Anything

JLCD-E-10

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

Medication device	Dose
❑ EpiPen	❑ 0.15 mg
❑ Other _____	❑ 0.3 mg

Contact URIS nurse if other is selected.

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

Name of prescribing physician: _____

Life-threatening allergy(s): _____

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

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 face, lips or tongue • Hives (red, raised and itchy rash) **Stomach** • Vomiting • Diarrhea • Stomach cramps **Airways** • A sensation of throat tightness • Hoarseness or other change of voice • Difficulty swallowing • Difficulty breathing • Coughing • Wheezing • Drooling **Total Body** • Hives (red, raised, itchy rash) • Feeling a "sense of doom" • Change in behaviour • Pale or bluish skin • Dizziness • Fainting • Loss of consciousness	**1. Inject the epinephrine auto-injector in the outer middle thigh.** a) Secure the child's leg. Ensure child is sitting or lying down 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 or 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 to EMS.personnel **2. Activate 911/EMS.** Ideally, his is done at the same time as administering the epinephrine by delegating this task to another responsible adult. **3. Notify parent/guardian/caregiver.** **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 NOT used in responding to anaphylaxis in the school.*

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