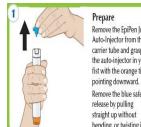
CHOOL DISTRIC
Pathway to the Future

(ESSA / ,	BERRYESSA UNION SCHOOL DISTRICT ALLERGY HEALTH PLAN SCHOOL YEAR				
Thou i	Student Name:		Birthdate:	Gr: _	School:
OL DISTRIC	Student Allergies:				
y to the Future	Allergy symptoms		Last reacti	on date	mild/mod/severe
	Field Trips: A cell phone, medication, & con	nsent forms mu	st accompany student. Sta	aff notify Sc	hool Nurse for training in advan-
PAREN	T: PROVIDE 2 EPI-PENS: 1 IN CLASSROOM	M OR CARRIED	BY STUDENT & 1 IN HEAI	TH OFFIC	CE.
medication personnel	hat my child be allowed to take medication at schon in the original pharmacy contained labeled with to assist with this medication for my child as orden (Ed Code 49423 and 49480). I consent to commende to the commendation of t	student name, m	nedication, dosage and direction in the	ons (Ed Co -medical per	de 49423). I authorize school rsonnel may assist with or administ
	Guardian Signature/Date Print Norm must be renewed annually, and if the		_ ·		` '
	SICIAN: COMPLETE THIS SECTI	·			
	phrine Injector CIRCLE DOSE: Epi				
*Inhale Addition SEVEF Must hat LUNG: Repetitit HEART THROA MOUTH SKIN: M G.I.: Re OTHER Anxiety,	stamine Give by mouth: CIRCLE DOSE: Be of the Circle Type: Albuterol or Levalbuterol Classifications: RE SYMPTOMS: After Suspected Ingestions are one or more of the following: Difficulty breathing, Wheezing, Difficulty Talking the cough: Pale, blue, faint, dizzy, weak, pulse of the following: To the cough: To the couple of the couple o	on/Exposure	ACTIONS TO TAKE 1. INJECT EPINEPHRINI *Use Epinephrine (Epi- 2. STAY WITH STUDEN 3. Keep student horizonta 4. Turn on side if nausea 5. Call 9-1-1 and Parents note time and transport lo 6. Give additional medica 7. If breathing stops at a	_hours for : Recogn E (EPI-PEN Pen) per M T & OBSER al with legs of vomiting. s. Tell Para pocation. tions if orde any time, so ers are not	symptoms ize severe symptoms I) IMMEDIATELY D orders. EVE STUDENT raised/elevated. medic Epi-Pen was given, ered by MD/HCP only.
ANTI-HI	STAMINE INSTRUCTIONSOnly for mile	d symptoms (see below)		
MILD :	SYMPTOMS ONLY	ACTIONS	TO TAKEANTIHIST	AMINE IN	NSTRUCTIONS
NOSE: SKIN: A	I: Itchy mouth Itchy, runny nose, sneezing A few hives, mild itch I nausea, discomfort	2. Aler 3. If sy	e antihistamine. Stay with s t office and parent/emerger mptoms become severe, u itor, observe, note time wh	ncy contacts se epi-pen	& call 911.
EPINEP	HRINE (EPI-PEN) TRAINING VIDEO: http://	/www.youtube	.com/watch?v=pgvnt8YA	7r8	
				1/8	





Administer Swing and firmly push the orange tip against the outer thigh so it "clicks." Hold firmly against the thigh for approximately 10 seconds to deliver drug.

Finalize Remove the auto-injector from the thigh and massage the injection area for 10 seconds. The orange tip will extend to cover the needle. Seek emergency medical

Auvi-Q™ Administration Guide

attention right away.

Trained Staff Sign Date Physician signature +stamp Date MD phone # Trained Staff Sign Date