39513036

Howard County Public Schools
Epinephrine Auto-Injector Order Form/Care Plan

Medication Form for Students with Allergic Reactions - To be completed by physician/authorized prescriber

Name: ______________________ Gender: M F School/Grade: ____________________ DOB: ________________

Student Allergies: ____

Known Triggers: ☐ Ingestion ☐ Touch ☐ Sting ☐ Other (list) ____________________

Date of Order: ____________ ***Order Valid for Current Year including Summer School, unless otherwise indicated:***

Physician/Prescriber Signature: ______________________ Phone: ______________

Physician/Prescriber: Print Name ______________________ Fax: ______________

Parent/Guardian Signature: ______________________ Phone: ______________

Parent/Guardian: Print Name ______________________ Cell Phone: ______________

Epinephrine Auto-Injector Order

Dose: **(Circle one)** 0.15mg 0.30mg

Student is able to self-administer: YES NO

Student may carry auto-injector on self: YES NO

(A back-up auto-injector must be kept in Health Room)

Date Epinephrine Auto-Injector Expires:

Possible Side Effects: ______________

Oral Medication Order

Medication: ______________

Dose: ______________

Strength: ______________

Frequency: ______________

Date Medication Expires: ______________

Possible Side Effects: ______________

Student Photo

Administration Choices (please check all that apply):

______ Administer ______________________ for known or possible ingestion/touch/sting/other (list) ______________.
(oral medication)

- ______ Prior to onset of symptoms
- ______ If student develops hives, rash, itchy mouth or other symptom(s) (list) ______________________
- ______ After Epinephrine Auto-injector is given

______ Give Auto-Injector Epinephrine for know or possible ingestion/touch/sting/other ______________ of ______________.

- ______ Prior to onset of symptoms
- ______ At first sign of any symptoms (see back for list)
- ______ Only if student develops throat/lung/heart symptoms or if two or more body systems are involved (see back for list)

Other Instructions: ____

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