

## Allergy Action Plan and Individual Health Care Plan

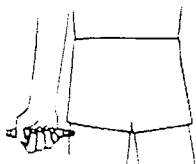
Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**EpiPen® and EpiPen® Jr. Directions**

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Twinject® 0.3 mg and Twinject® 0.15 mg Directions**

- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



EpiPen® Location #1 \_\_\_\_\_ Exp Date: \_\_\_\_\_

EpiPen® Location #2 \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Please initial:**

\_\_\_\_\_ My child will carry his/her EpiPen® while at school.

\_\_\_\_\_ My child knows how to self administer his/her EpiPen®.

\_\_\_\_\_ My child will carry his/her own EpiPen® on the school bus to and from school.

\_\_\_\_\_ My child will carry his/her own EpiPen® on a field trip.

\_\_\_\_\_ My child wears a medic alert bracelet.

\_\_\_\_\_ I give my permission for the school nurse to share this information with school personnel.

\_\_\_\_\_ I am interested in participating in the training/orientation in my child's classroom.

\_\_\_\_\_ I will provide a snack box for my child while in school.

\_\_\_\_\_ I want my child to eat at a peanut/nut free table in the cafeteria and/or classroom. (Please note: your child is encouraged to invite a classmate to eat at his table with other food allergic students who have either brought their lunch from home or purchased a school lunch. However, for your child's safety, non-food allergic students must purchase a school lunch in order to sit at the peanut/nut free table.)

Please note: For your child's safety, students with food allergies should ONLY consume foods and drinks provided by you and should not share food. Also, you are encouraged, if possible, to accompany your child as a chaperone on field trips.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_