Allergy and anaphylaxis

Emergency action plan (EAP)

Medication authorization and self-administration

Utah Department of Health and Human Services

Utah State Board of Education

Student photo:

Student name:		Date of birth:	Cell #:
Homeroom:	School:	Grade:	School year:

Demographic information (Parent/Guardian)

Parent #1 name:	Phone:	Email:
Parent #2 name:	Phone:	Email:
Physician name:	Phone:	Email:
School nurse:	Phone:	Email:
Bus: ☐ No ☐ Yes	Bus #:	504/IEP: ☐ No ☐ Yes

Allergen(s)

Allergic to:	
Typical symptoms:	
History of anaphylaxis: ☐ No ☐ Yes	If yes, epinephrine given: ☐ No ☐ Yes
Most recent severe reaction (mm/yy):	
Asthma: ☐ No ☐ Yes (if yes, high risk for severe reaction, please also complete asthma action plan)	

Emergency Action Plan:

Yellow: mild to moderate reaction	**Action**
Symptoms: Includes one body system only Examples: • Itchy or runny nose • Itchy mouth • A few hives (mild itch) • Mild nausea or discomfort	For mild symptoms from a single system area, follow the directions below: • Stay with student • Give antihistamine if ordered by a healthcare provider. • Alert emergency contacts • If symptoms spread or worsen→ **give epinephrine.** For more than one symptom, give epinephrine.
Red: severe reaction	**Action**
Severe symptoms • Symptoms in more than one body system • Trouble breathing, wheezing, or repeated coughing • Tight, hoarse throat or trouble swallowing • Swelling of lips or tongue • Pale or blue skin • Fainting, weak pulse, or dizziness • Repeated vomiting or severe diarrhea • Confusion or sudden behavior change	1. Give epinephrine NOW 2. Call 911 say "student is experiencing severe anaphylaxis" Then: • Lay student flat and keep warm • If vomiting or struggling to breathe, allow side-lying or upright position • If not better in 5 minutes → give second dose (if available) • Stay with student • Notify emergency contacts • Student must go to the emergency department
IMPORTANT • *Epinephrine is the first treatment.* • *Do not delay.*	• *Do not use antihistamine instead of epinephrine.* • *When in doubt, give epinephrine.*

Individual care notes:

Allergy and anaphylaxis emergency action plan

Student name: Date of birth:

Medication authorization: (Prescriber to complete)

Medication	Dose:	Route:	Indication:	Frequency/ repeat instructions:	Special instructions:
Epinephrine:					
Antihistamine:					
Bronchodilator:					
Other:					

The above-named student is under my care with a medical diagnosis of _____.

☐ Full Independence (Self-Carry & Self-Administer): It is medically appropriate for the student to carry and administer their own epinephrine.

☐ Limited Independence (Self-Carry Only): It is medically appropriate for the student to carry their epinephrine, but school staff must administer it.

☐ Restricted (Clinic/Office Storage): It is NOT medically appropriate for the student to self-carry. Medication must be stored and administered by designated school staff.

Note: If the student also has asthma, please complete an asthma action plan in addition to this form.

Additional orders (if any):

Prescriber name:	Office Phone:
Prescriber signature:	Date:

Parent / guardian authorization

Self-carry and self-administration

Utah law allows a student to carry and self-administer prescribed epinephrine when authorized by both the parent or guardian and the healthcare provider.

Select one:

☐ Full independence: Self-carry and self-administer

☐ Limited independence: Self-carry only (assistance required for use)

☐ Restricted: Medication should be stored and administered by designated school staff only

Note: If parent and provider selections differ, the more restrictive protocol will be followed for student safety.

Authorization and responsibilities

I give permission for the school nurse and trained designated school personnel to administer epinephrine according to the Emergency Action Plan.

I understand that:

- Epinephrine must be provided in the original pharmacy-labeled container with the student's name and dose.
- I am responsible for replacing the medication before it expires and within 2 weeks if used.
- I will notify the school nurse of changes to diagnosis or medication.
- 911 will be called after epinephrine is given.
- Information may be shared with school staff on a need-to-know basis as permitted under FERPA.
- This authorization is valid for the current school year unless revoked in writing.

Parent name:	Parent signature:	Date:
Emergency contact:	Relationship:	Phone:

School nurse (School verification)

Epinephrine storage location:	Epinephrine expiration date:
Shared with need-to-know staff:	
School nurse signature:	Date: