



Authorization for Administration of Epinephrine & Anaphylaxis Standard Health Care Plan (SHCP) (To be completed by parent/guardian)

Student information

Name: _____

Address: _____

Date of Birth: _____ Manitoba Medical #: _____ 9 Digit PHIN: _____
 mmm / dd / yyyy

School: _____ Program/Grade: _____

Parent/Guardian: _____

Phone numbers Cell: ____ - ____ - ____ Home ____ - ____ - ____ Work ____ - ____ - ____

Parent/Guardian: _____

Phone numbers Cell: ____ - ____ - ____ Home ____ - ____ - ____ Work ____ - ____ - ____

Emergency contact: _____ Phone: ____ - ____ - ____

Phone numbers Cell: ____ - ____ - ____ Home ____ - ____ - ____ Work ____ - ____ - ____

Medication information

Name (as indicated on the prescription label): _____

Dose: _____

Name of prescribing Physician: _____

Name of pharmacy: _____

Life-threatening allergy(s): _____

Back-up epinephrine auto-injector provided to school Location: _____

The parent/guardian has the option of supplying an extra epinephrine auto-injector to be kept in a secure location but unlocked for quick access.

Parent/guardian authorization:

As per school division policy, the student shall carry their epinephrine auto-injector on their person at all times.

I, the parent/guardian, will ensure the child named above carries their epinephrine auto-injector on their person while attending school.

I understand that:


- Authorization to administer epinephrine is renewed annually with student registration or upon a change in medication.
- The parent/guardian is responsible for replacing expired medication, as well as for the removal and disposal of expired medication.

I hereby request and authorize the school to administer epinephrine to my child as outlined in the attached Anaphylaxis Standard Health Care Plan.

Signature of parent/guardian: _____ 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:		
<p>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding-right: 20px;"> <p>Face</p> <ul style="list-style-type: none"> • Red, watering eyes • Runny nose • Redness and swelling of face, lips and tongue • Hives (red, raised & itchy rash) <p>Airway</p> <ul style="list-style-type: none"> • A sensation of throat tightness • Hoarseness or other change of voice • Difficulty swallowing • Difficulty breathing • Coughing • Wheezing • Drooling </td> <td style="width: 50%; vertical-align: top;"> <p>Stomach</p> <ul style="list-style-type: none"> • Severe vomiting • Severe diarrhea • Severe cramps <p>Total body</p> <ul style="list-style-type: none"> • Hives • Feeling a “sense of doom” • Change in behavior • Pale or bluish skin • Dizziness • Fainting • Loss of consciousness </td> </tr> </table>	<p>Face</p> <ul style="list-style-type: none"> • Red, watering eyes • Runny nose • Redness and swelling of face, lips and tongue • Hives (red, raised & itchy rash) <p>Airway</p> <ul style="list-style-type: none"> • A sensation of throat tightness • Hoarseness or other change of voice • Difficulty swallowing • Difficulty breathing • Coughing • Wheezing • Drooling 	<p>Stomach</p> <ul style="list-style-type: none"> • Severe vomiting • Severe diarrhea • Severe cramps <p>Total body</p> <ul style="list-style-type: none"> • Hives • Feeling a “sense of doom” • Change in behavior • Pale or bluish skin • Dizziness • Fainting • Loss of consciousness 	<ol style="list-style-type: none"> 1. Inject the epinephrine auto-injector in the outer middle thigh. <ol style="list-style-type: none"> a) Secure the child’s leg. The child should be 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 by pulling it straight off. e) Firmly press the tip into the outer middle thigh at a 90° angle until you hear or feel a click. Hold in place to ensure all the medication is injected. f) Discard the used epinephrine auto-injector following the community program’s policy for disposal of sharps or give to EMS personnel. 2. Activate 911/EMS. <i>Activating 911/EMS should be done simultaneously with injecting the epinephrine auto-injector by delegating the task to a responsible person.</i> 3. Notify parent/guardian. 4. A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given IF symptoms have not improved. 5. Stay with child until EMS personnel arrive. <i>Prevent the child from sitting up or standing quickly as this may cause a dangerous drop in blood pressure.</i> <p style="margin-top: 20px;"><i>Antihistamines are NOT used in managing life-threatening allergies in the school.</i></p>
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