

**Westfield Public Schools**  
**Epinephrine Administration Order**  
**TOP OF FORM TO BE COMPLETED BY HEALTH CARE PROVIDER**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ **Allergies** \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Asthmatic? \_\_\_\_\_ Previous Anaphylaxis \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_  
Start Date \_\_\_\_\_ End date \_\_\_\_\_

Specific instructions for administration \_\_\_\_\_

Possible side effects or adverse reactions \_\_\_\_\_

Name of Licensed Provider: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print) (Order is not valid unless signed)

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PARENT PERMISSION/ EMERGENCY CARE PLAN**  
**BOTTOM OF FORM TO BE COMPLETED & SIGNED BY PARENT/GUARDIAN**

**Signs of an allergic reaction**

**Mouth:** itching/swelling of lips, tongue or mouth  
**Throat:** itching or tightness, hoarseness, hacky cough  
**Skin:** hives, itchy rash or swelling of arms/legs  
**GI:** nausea, cramping, vomiting, diarrhea  
**Lungs:** shortness of breath, coughing, sneezing  
**Heart:** thready pulse, passing out

1.) If student is exposed to a known allergen give \_\_\_\_\_ IMMEDIATELY!  
(medication)

Do not hesitate to administer prescribed medication or call ambulance even if parents cannot be reached!

2.) CALL AMBULANCE (8) 911

If Epipen is given, the student MUST be transported to the emergency room.

3.) Call Parent/Guardian:

Name: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Name : \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Name of another contact: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

4.) List ALL medications student is taking \_\_\_\_\_

5) Administration of Epipen delegated to: **Trained Staff**

**PARENT/GUARDIAN PERMISSION SIGNATURE**

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_