POLICY TITLE: Emergency Anaphylaxis Reporting Form POLICY NO: 561F1
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ABERDEEN SCHOOL DISTRICT #58 School Emergency Administration of Auto-Injectable Epinephrine Report

School Providing Injection				
School Name:				
Address:				
City/State/Zip:				
Main Telephone Number:		Fax N	umber:	
Individual Injected				
Name:		Age:		
Parent/Legal Guardian Con	ntact			
Name:		Relationship:		
Home Phone Number:		Cell Phone Number:		
Email Address:		Time Notified:		
Individual Administering In	njection			
Name:		Positi	Position/Title:	
Telephone Number:		Email Address:		
Drug Administration				
Date/Time:	Number of Doses:		Type of dose: □ Juvenile □ Adult	
Reasons for Drug Administration:				
Describe Any Problems with Drug Administration:				
Describe the Individual's Response to Drug Administration:				
Standing Order Authority				
Provider Name:		License Number (if known):		
Address:				
City/State/Zip:		,		
Telephone Number:		Fax Number:		
EMS Response				
		Time EMS Arrived:		
Name of EMS Agency:				
Name of Hospital Where Individual was Transported:				
Comments				
Please provide any pertinent additional information:				

This form should be retained by the school nurse or designee.