

Grove Pediatrics & Adolescent Medicine

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Epinephrine Auto-Injector Authorization & Action Plan

For known severe allergy (anaphylaxis)

For students with a known severe allergy (anaphylaxis risk). Use this form to authorize administration of epinephrine at school or camp and to provide an emergency action plan.

Patient Full Name:

Date of Birth:

Known Allergen(s):

Auto-Injector Dose (e.g., 0.15 mg / 0.3 mg):

Signs & Symptoms

Mild reaction: hives, itching, mild swelling, tingling of lips/mouth.

Severe reaction — give epinephrine immediately and call 911: difficulty breathing, swelling of the throat or tongue, persistent vomiting, dizziness or fainting, widespread hives combined with other symptoms.

Emergency Action Steps

- Administer the epinephrine auto-injector into the outer thigh.
- Call 911 immediately and notify the parent/guardian.
- Have the student lie down and stay calm; loosen tight clothing.
- A second dose may be given after 5-15 minutes if symptoms persist and an additional device is available.

Authorized to self-carry/self-administer: ☐ Yes ☐ No

Signature (Physician):

Date:

Signature (Parent/Guardian):

Date:
