Sample Form for Schools

Epinephrine Auto-Injector (EAI) Administration Documentation

Date_________ School District_________________ School Building_________________

Name of person receiving EAI_______________ (confidential) Grade______ Age______

Time incident began_______ Time EAI was given_______ Time if second EAI was given_______

□ EMS called (time) _______ □ EMS arrived (time) _______ □ EMS given information (time of EAI administration(s), a copy of the emergency card and/or the student specific Anaphylaxis Action Plan)

□ Parent/guardian notified________________________________________________________

Check all that apply:
□ Student had individual Anaphylaxis Action Plan on file for the current school year
□ EAI(s) used were supplied by the family as ordered
□ Student was known to have severe allergy but no EAI(s) were provided and stock EAI used
□ Family notified that EAI(s) need to be replaced
□ Student had no previously known severe allergy and stock EAI was used for suspected anaphylaxis
□ Person other than k-12 student was given stock EAI for suspected anaphylaxis
□ Stock EAI(s) were ordered for replacement

Check possible trigger for anaphylaxis:
□ Food (Specific food if known or other relevant information, such as location of ingestion) -

□ Stinging insect (Type if known, location on campus, other)-

□ Latex (source if known)-

□ Other (Circumstances surrounding reaction that might be relevant to cause of anaphylaxis)-

Symptoms leading to administration of EAI:

Other known health issues, such as asthma, eczema, allergies:

Symptoms if a second EAI was used:

□ Information being kept for incident review and yearly report to the State of Michigan on MEGS
□ See the reverse side of this form for additional information

Signature of Person Filing Report: __________________________________________ Date_________