



Holly Area Schools

Epinephrine Auto-Injector (EAI) Administration Documentation

Date _____ Name of person receiving EAI: _____ Building: _____

If Student: Grade _____ Age _____ Employee: _____ Visitor: _____ 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*)

If student: Parent/guardian notified: _____ Time: _____

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 EAIs were provided and **stock EAI used**
- Family notified that EAIs 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

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 occurred which lead to a second EAI being used:

Information to be kept for incident review and yearly reported to the State of Michigan. Please email a copy to the district nurse and HR.

Signature of Person Filing Report: _____ **Date** _____