**Instructions for Anaphylaxis**

1. North Dakota Anaphylaxis Care Plan- Physician to fill out and Physician MUST sign the bottom and Parent signature is also required.

2. Mediation Administration Record. Please fill out one form per medication that is going to be used or needed while your child is at school. If you child is prescribed an Epi-pen and an Anti-histamine, two forms will be needed, one for each medication. Parent signature is required at the bottom.

3. Asthma & Anaphylaxis Emergency Medication: Possession and Self-Administration Consent Form. This is only if you want your child to self-carry their inhaler or Epi- Pen. Physician signature is REQUIRED for self-carry along with parents.

4. Please return all information, completed forms with the student’s medications on or before the start of the 2022-2023 school year.

Thank You