



Allergy Treatment Plan

Connecticut State Law requires an authorized prescriber's written order and parent/guardian's authorization for a school nurse or in the absence of the school nurse, the principal/teacher to administer the medication in school or at school sponsored activities. Medications must be in properly labeled containers. Self-administration of emergency medication by a student requires a licensed care provider's written authorization to self-administer, signed liability from the parent or guardian, and a written order by an authorized prescriber for emergency medical reasons.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergic to:  Insect Stings  Food (Specify food source) \_\_\_\_\_  Latex  Other \_\_\_\_\_

Table with 2 main columns: Symptoms and Treatment. Rows include: If contact with allergen, but no symptoms; Mouth (itching, tingling); Skin (hives, itchy rash); Face + (swelling of lips, tongue, mouth or face); Lungs (shortness of breath, repetitive coughing, wheezing); Throat (tightening of throat, hoarseness); Gut + (nausea, abdominal cramps, vomiting, diarrhea); Heart + (thready pulse, low blood pressure, fainting, pale, blueness); If reaction is progressing (several of the above areas are affected), give; If in doubt, err on the side of safety and give EpiPen.

Medication Dosage: Administer epinephrine (EpiPen): \_\_\_ Inject intramuscularly prn exposure Administer diphenhydramine (Benadryl): \_\_\_ mg po prn exposure

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_ (dates) Is this a controlled drug?  Yes  No

Relevant side effects to be observed: \_\_\_\_\_

I have conferred with the student's parent/guardian and authorize the self-administration of medication.  Yes  No

I have instructed this student regarding the self-administration of medication.  Yes  No

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: I have received, reviewed and understand the above information, and my child may self-administer the above mentioned medication.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_