RANKIN COUNTY SCHOOL DISTRICT SCHOOL ALLERGY HEALTH PLAN 2024-2025

DATE RECEIVED ____ / ____ / ____

TO BE COMPLETED BY PARENT OR GUARDIAN

Name ____ Age ____ Date of Birth ____

School ____ Teacher ____ Grade ____

Emergency Contact Name ____ Phone ____

Allergy to ____ Symptoms ____

My student will require medication at school for allergic reactions Yes No

**If no, parent/guardian will be contacted for any concerns regarding allergy/allergy symptoms.*

TO BE COMPLETED BY PHYSICIAN OR LICENSED PRACTITIONER

1. Indicate severity of of student's allergy Mild Moderate Severe
2. Prescription information

MEDICATION 1 ____ Dose ____

Diagnosis ____ Route ____

Times/frequency ____

Indication for administration ____

MEDICATION 2 ____ Dose ____

Diagnosis ____ Route ____

Times/frequency ____

Indication for administration ____

Prescriber Name & Title (Print) ____ Phone ____

Physician Signature ____ Date ____

**** *If additional medication is need please use a medication consent form to provide all information.*

3. Has the student been trained on self administration? Yes No
4. Storage: Recommend that the student be allowed to carry epi-pen
   Recommend that epi-pen be stored by the school nurse/personnel in the designated medication storage location
5. Administration: Recommend that student self administer epi-pen
   Recommend that school nurse/personnel administer epi-pen
6. Other non - pharmacological interventions required ____

TO BE COMPLETED BY THE SCHOOL WITH PARENT/GUARDIAN

STUDENT/GUARDIAN WILL:

1. Student/guardian agrees to avoid known allergens.
2. Student will take all prescrinbed medications and follow up with healthcare provider as appropriate.
3. Alert school staff immediately of any signs/symptoms of an allergic reaction.

SCHOOL WILL:

1. Maintain student safety by removing known allergens as appropriate.
2. Notify the administration if an allergic reaction occurs.
3. Administer medications per health plan approved by healthcare provider.
4. Call parent and 911, if needed.

____ Parent/Guardian - Name (Print)

____ Parent/Guardian - Signature

____ School Representative - Name (Print)

____ School Representative - Signature

Updated 3/5/2024