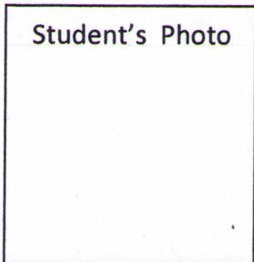
Stonington Public Schools

Emergency Care Plan & Medical Authorization Form

Connecticut State Law and Regulations 10-21(a) require a written medication order from an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

PRESCRIBER'S AUTHORIZATION



Student's Name: ______________________ DOB: ______________

Teacher's Name: ______________________ Grade: ______________

Allergic to: ☐ Peanut ☐ Treenuts ☐ Insect Stings ☐ Latex

☐ Other ________________________________

Asthmatic: ☐ Yes ** ☐ No **Higher Risk for Severe Reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Mouth: Itching, tingling	☐ Epinephrine	☐ Antihistamine
Skin: Hives, itchy rash	☐ Epinephrine	☐ Antihistamine
Face: Swelling of lips, tongue, mouth, or face	☐ Epinephrine	☐ Antihistamine
Lung: Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
Throat: Tightening of throat, hoarseness	☐ Epinephrine	☐ Antihistamine
Gut: Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
Heart: Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
*****If reaction is progressing (several of the above areas affected), give**	☐ Epinephrine	☐ Antihistamine

*****IF IN DOUBT, ALWAYS ERR ON THE SIDE OF SAFETY AND GIVE EPINEPHRINE*****

Dosage: **Epinephrine:** Inject IM EpiPen 0.3mg / Auvi-Q 0.3mg EpiPen Jr 0.15 mg / Auvi-Q 0.15 mg

Antihistamine: Give ________________________________

(Medication/Dose/Route)

Medication shall be administered from (dates) ______________ to ______________

Student may self administer medication on field trips: ☐ Yes ☐ No

Student may self administer medication in school: ☐ Yes ☐ No

Relevant side effects: ________________________________

*****IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.*****

Physician/APRN Signature: ______________________ **Date:** ______________

Name (Print): ______________________ **Phone Number:** ______________

Address: ________________________________

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!

I have received, reviewed, and understand the above information.

Parent/Guardian Signature ______________________ **Date:** ______________

School Nurse Signature ______________________ **Date:** ______________

May 2014