



# RANKIN COUNTY SCHOOL DISTRICT SCHOOL ALLERGY HEALTH PLAN 2025-2026

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 prescribed 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