CONSENT FORM FOR ADMINISTRATION OF EMERGENCY ALLERGY MEDICATION

TO BE RENEWED EACH SCHOOL YEAR

(If you need assistance completing this form, contact the Licensed School Nurse.)

****Before medication can be administered by school personnel this form must be completed and on file with the school health office****

Student Name _____Birth Date: _____

School_____Grade _____Teacher_____School Year_____

PHYSICIAN / LICENSED PRESCRIBER ORDER

Medication: Epinephrine auto-injector type:_____ Dose: ☐ 0.15mg IM ☐ 0.3 mg IM
Instructions for giving medication: _____
Criteria for repeat dosing: _____
Possible side effects: _____
Other/Additional Directions:_____

Emergency Allergy Medication should be administered for the following type(s) of symptoms:

__LUNGS __HEART __THROAT __MOUTH __SKIN __GUT __OTHER

The severity of symptoms can quickly change. *All above symptoms can progress to a life-threatening situation.

This student has received instruction and permission to self carry and independently manage: ☐ YES ☐ NO

PHYSICIAN/LICENSED PRESCRIBER SIGNATURE: _____ DATE:_____

PRINT NAME:_____Clinic_____ Phone #:_____ Fax #_____

PARENT/GUARDIAN AUTHORIZATION

1. I request the above medication be given to my child during regular school hours as ordered by the physician/licensed prescriber.
2. I give permission for the medication to be given by designated personnel as delegated, trained, and supervised by the Licensed School Nurse.
3. I will provide this medication in the original, properly labeled pharmacy container.
4. I authorize the Licensed School Nurse/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, emergency plan, or side effects of this medication.
5. I authorize the Licensed School Nurse/designee to communicate with appropriate school personnel regarding this medication and emergency care plan for my child.
6. I release school personnel from any liability in relation to the administration of this medication at school.
7. I have read and understand the Medication Guidelines included with this form.

Parent/Guardian Signature:_____ Date:_____

SCHOOL NURSE SIGNATURE:_____Date:_____

GUIDELINES FOR ADMINISTRATION OF EMERGENCY ALLERGY MEDICATION IN SCHOOL

The administration of medication to students shall be done only in exceptional circumstances wherein the student's health may be jeopardized without it.

1. Administration of Emergency Allergy Medication by school personnel will only be done according to the written order of a physician/licensed prescriber and written authorization of parent/guardian and Licensed School Nurse. Non-prescription medication may be administered to students with written authorization of parent/guardian and Licensed School Nurse according to label directions.
    a. Mixed dosages in a single container will not be accepted for administration at school.
    b. If a half tablet is required for a correct dosage, it is the parent/guardian's responsibility to provide pre-cut tablets for administration at school.
    c. Altered forms of medication will not be accepted or administered at school
    d. Narcotics/medical cannabis will not be administered at school.
    e. Aspirin-containing products will not be administered at school.
    f. Only FDA approved treatments will be provided at school.

2. The medication must be brought to school by a parent/guardian in its original container. The following information must be on the medication container:
    a. Student's full name
    b. Name and dosage of medication
    c. Directions for administration must match the authorization form
    d. Physician/Licensed Prescriber name
    e. Date (must be current)
3. New consent forms with appropriate signatures must be received each school year.
4. A new medication consent form is required when the medication dosage or instructions for administering the medication are changed.
5. If the medication is discontinued, a physician/licensed prescriber is requested.
6. Medication will be kept in a locked cabinet in the health office unless authorized by the Licensed School Nurse, and must not be carried by student.
7. Students (grades 5-12) with severe allergies who need their epinephrine auto-injector during the school day will be allowed to self-manage, carry, and be responsible for the administration of their epinephrine auto-injector with written consent of their physician/licensed prescriber and parent/guardian and in agreement with the Licensed School Nurse.
8. Secondary students may carry and use **non-prescription** medication with written consent of their parent/guardian signature of student agreement, and with the consent of the Licensed School Nurse. This medication cannot contain ephedrine/pseudoephedrine or aspirin as its sole active ingredient or as one of its active ingredients.