Reading School District Health Services

Authorization for School Allergy Medication Administration and Action Plan

(Form must be completed in it entirety)

Child's Full Name: ______________________________ Grade _______ Date of Birth: ____________

Drug Allergies: ____

All Current Medication:____

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High Risk for Severe Reaction to: ___________________________ YES ____ NO _____

Action Plan– (**Completed by physician) FOR MINOR REACTION**

1. If symptom(s) are: ____

Administer: Name of Medication: ____

Dose to be given at school: ______________________________ Time to be given at school: ___________________

Route of Administration: ______________________________ Any instructions? ___________________________

Date to start medication: _______________________ Date to end Medication: ________________________

Side Effects: ____

Any emergency response? ___________________________

2. Contact Parent: Name_____________@ ________, **Emergency Contact:** Name______________ @ ________

3. Dr. ____________________@ ______________. **If condition does not improve in 10 minutes, go to Major Reaction**

Major Reaction Action Plan

Name of Medication: ____

Dose to be given at school: _________________________ Route of Administration: __________________________

Time of **Administer IMMEDIATELY!** **Instructions: Contact EMS 911 and Parents / Guardians**

Physician's Request for Medication Use at School

Name of Medication: ____

Dose to be given at school: ______________________________ Time to be given at school: ___________________

Route of Administration: ______________________________ Any instructions? ___________________________

Date to start medication: _______________ Date to end Medication: ______________________

Reason for medication: ____

Side Effects: ____

Does student understand side effects? _______________ Any emergency response? _______________

_____ I believe this child is able and responsible to carry and self-administer his/her and /or Epinephrine injection kit during school activities. He/she has permission to so do and has been instructed on how to self-administer.

_________________________________ _________________________________

Physician's Signature **Printed Name**

_________________________________ _________________________________

Date **Phone Number**

Parent Request for Medication Use at School

______I, the parent/guardian of ____________________________ request that the employees (nurse, principal, or principal designee) of the Reading School District administer the above named medication as prescribed by my child's physician. My signature on this document constitutes a complete waiver of liability claim in any and all respects against the Reading School District and its Board of Directors and all employees unless the District is negligent with regard to any claim for injury in connection with administration of the medication.

Additionally, **I agree to hand deliver** the medication to the nurse's office in the original pharmacy or physician labeled container. I also accept responsibility to provide a physician's note and my written instructions if the medication is to be changed or discontinued. I give my permission for the school and physician to communicate regarding this medication and medical condition.

_____ I believe my child is able and responsible to carry and self-administer his/her Epinephrine injection kit. I give my permission for him/her to do so. If my child uses his/her Epinephrine injection kit, he/she will notify the nurse as soon as possible after using the medication.

______I believe my child is able and responsible to carry and self-administer his/her medication during field trips and extra-curricular activities. I give my permission for him/her to do so.

_______________ ______________________________ ______________________________

Date Printed Parent/Guardian Name Parent/Guardian Signature

(**Student may carry Inhaler/Epinephrine injection upon clearance by the nurse**)

School Use Only

_______Clearance to carry and self-administer an inhaler and/or Epinephrine injection has been given and initialed by the school nurse.

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