AUTHORIZATION FOR ADMINISTRATION OF MEDICATION FOR LIFE-THREATENING ALLERGIC REACTION AT SCHOOL

HS-501

LICENSED HEALTH CARE PROVIDER (LHCP) ORDERS - Emergency Medications Under The Allergies:	Stud	ent's Name:				DOB:	Grade:	School:			
Date of last reaction, if known:			LICEN	ISED HEALTH CAR		(LHCP) ORDERS – Emerg	ency Medicat	ions			
Signs of anaphylaxis: trouble breathing, hives, swelling of lipstongue/throat, hoarse, voice, nausea, vomiting, dizzness, feeling of doom If student has above symptoms or suspected exposure to above allergen: OW 											
<pre>fs dudent has above symptoms or suspected exposure to above allergen: SUE</pre>											
SVE 1. Epinephrine (0.3 mg) Epinephrine (0.15 mg) Injection to Outer Thigh Muscle 2. Repeat Epinephrine jub modication IF listed below, conscious & able to swallow: 3. After Epinephrine, give medication IF listed below, conscious & able to swallow: 4.											
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? Repeat Epinephrine in 3 to 5 minutes OR in 10 to 15 minutes if EMS has not arrived. ? Image of intermediation IF listed below, conscious & able to swallow: ? Image of intermediation IF listed below, conscious & able to swallow: ? Image of intermediation IF listed below, conscious & able to swallow: ? Image of intermediation IF listed below, conscious & able to swallow: ? Image of intermediation IF listed below, conscious & able to swallow: ? Image of intermediation IF listed below, conscious & able to swallow: ? Image of intermediation IF listed below, conscious & able to swallow: ? Image of intermediation IF listed below, conscious & able to swallow: ? Image of intermediation IF listed below, conscious & able to swallow: ? Image of intermediation IF listed below, conscious & able to self-carry and administer anthistamine ? Image of intermediation IF listed below, conscious & able to self-carry and administer ante, shakiness Diagnosis Medication Dosage Route Time/Interval Self-file Diagnosis Medication Dosage Route Time/Interval Self-file Side Effects Diagnosis Medication Dosage Route Time/Interval S											
3. After Epinephrine, give medication IF listed below, conscious & able to swallow: 4mg of											
If history of asthma and wheezing, shortness of breath, or complaints of chest tightness with allergic reaction, Give rescue inhaler 2 puffs 4 puffs of											
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Yes No Student trained to self-carry and administer Epinephrine Yes No Student trained to self-carry and administer antihistamine Yes No Student trained to self-carry and administer inhaler SIDE EFFECTS: Epinephrine: increased heart rate Anthistamine – sleepiness Inhaler: increased heart rate, shakiness LiceNSED HEALTH CARE PROVIDER (LHCP) ORDERS – NON Emergency Medications Diagnosis Medication Dosage Route Time/Interval Self-Carry* Side Effects Diagnosis Medication Dosage Route Time/Interval Self-Carry* Side Effects Warking "yes" to self-carrying indicates that the LHCP has provided instruction in the purpose and appropriate method/frequency of use, and that the student is capable and safe to self-carry and administer. Y N Irrequest and authorize that the above enamed student receive the above identified medications in accordance with the instructions indicated beginning not to exceed current school year or											
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Student Signature (Self-Carrying): Date:	Signature of Parent/Guardian: Date:										
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Nurse Signature: Date:	Νι	irse Signature:				Date:					

PLEASE TURN OVER TO COMPLETE OTHER SIDE

Edmonds SCHOOL DISTRICT Each student learning, every day!

EDMONDS SCHOOL DISTRICT NO. 15 LYNNWOOD, WA 98036-7400 Educational Health Services

Administration of Medication in School

Medication should be given at school only when necessary. If the student must receive prescribed or nonprescribed oral or topical medication, eye drops, ear drops, or pre-mixed nasal spray medications during school hours or when the student is under the supervision of school officials, the principal and the school nurse will designate and train staff for dispensing medications. The medication to be given at school must have a written order signed by a Licensed Health Care Provider (LHCP) working within the scope of their prescriptive authority and have a parent/guardian signature. The medication must be in the original, properly labeled container. This includes any over the counter medication. Edmonds School District #15 accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the LHCP order. Whenever possible the parent/guardian and LHCP are urged to design a schedule for giving medication outside of school hours. Students in K-6 grades are not recommended to self-carry.

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN

I the Parent/Guardian Understands:

- When notified by school personnel that medication remains after the course of treatment I will collect the medication from the school or understand that it will be destroyed.
- Edmonds School District #15 assumes no responsibility for self-carried medications.
- In the event a safety issue arises, the school nurse has the right to notify the parent/guardian/student and discontinue the self-medication privilege. Student's health plan will be modified to reflect current needs.
- I will provide the medication in a properly labeled container.
- This authorization is only good for one school year.

Optional: \Box By checking this box I hereby give consent to have non-controlled medication returned home with student.

My signature below indicates that I have read and understand and will abide by the medication policy.

Signature of Parent/Guardian:	Date:

Student Signature (Self-Carrying):_____ Date: ____

Date