



RANKIN COUNTY SCHOOL DISTRICT SCHOOL ALLERGY HEALTH PLAN 2023-2024

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