COOPERATIVE EDUCATIONAL SERVICES
Special Education Services

Charles Dumais Ed.D.
Executive Director

Christopher La Belle
Associate Executive Director

Margaret M. Sullivan
Director of Finance and Operations

Michael McGrath, Ph.D.
Director
Special Education

Kristen Wilson
Unit Director
Emotional Disabilities

Jennifer Ki, Ph.D.
Director
Related Services and Special Programs

Stacey Cronk
Preschool-Primary Learning Center
Program Administrator

Jocelyn Poglitsch
Developmental Learning Center
Program Administrator

Kenneth Connor
Therapeutic Day Program
Program Administrator

Kirsten Grady
Therapeutic Day Program
Program Administrator

Stacy Murphy
Therapeutic Day Program
Program Administrator

Margo Sheldon
Transition Learning Center/RISE
Program Administrator

Christine Peck, Psy.D.
Behavioral Services
Program Administrator

FOOD AND BEE STING ALLERGY TREATMENT PLAN AND PERMISSION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Student's Name: _____ DOB: _____

Address: _____ Tel #: _____

Physician: _____ Phys. Tel#: _____

Does this child have Asthma? Yes_____ No _____

Specific Allergy: _____

IF THE STUDENT HAS BEEN STUNG BY A BEE OR HAS INGESTED THE ABOVE-NAMED FOOD, PLEASE:

_____ Observe student for signs of anaphylaxis x 2 hours (see below)

_____ Administer adrenaline before symptoms occur EpiPen Jr Adult

_____ Administer adrenaline if symptoms occur EpiPen Jr Adult

_____ Administer Benadryl mg _____ Liquid Tablets

_____ Administer _____

_____ Call 911, transport to ER if symptoms occur for evaluation, treatment, and observation

IF REACTION OCCURS, PLEASE NOTIFY THIS OFFICE: 203-365-8864

1. Is this a controlled drug? Yes _____ No _____
2. Medication shall be administered from to _____ (Date) _____ (Date)
3. Relevant side effects to be observed: _____
4. Please allow student to self-administer medication (must meet the guidelines of self-medication assessment) _____

Physician's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

SYMPTOMS OF ANAPHYLAXIS -

- Chest tightness, cough, shortness of breath, wheezing - Dizziness or faintness
-Tightness in throat, difficulty swallowing, hoarseness - Stomach cramps, vomiting, diarrhea
Swelling of lips, tongue, and throat - Itching mouth, itchy skin, hives or swelling