

For \_\_\_\_\_ School Year  
(expires at the end of August)

Must be accompanied by "Permission  
to Administer Medication at School"  
(PTAM) Form

**SHORELINE SCHOOL DISTRICT  
TREATMENT ORDER FORM: LIFE THREATENING ALLERGY  
LICENSED HEALTH CARE PROVIDER\* (LHP) ORDERS**

**Note:** These orders *must* be renewed every year, before the beginning of each school year.

<b>Shorewood High School</b> <b>Phone: 206-393-4386</b>	<b>17300 Fremont Ave N</b> <b>Shoreline, WA 98133</b>	<b>ATTENTION: School Nurse</b> <b>Fax: 206-393-4711</b>
Student Name: _____ Birth date _____ Grade/Grad Yr _____ LHP* Name _____ Phone _____ Fax _____		
<b>MEDICAL INFORMATION AND ORDERS – TO BE COMPLETED BY LHP*</b> <b><i>**Please complete these treatment orders so we can better understand the student's needs**</i></b>		
<b><u>STUDENT HEALTH HISTORY:</u></b> Student has a severe allergy to: _____ Student has a history of anaphylaxis <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Last anaphylactic reaction (Date) _____ Student has a history of asthma <input type="checkbox"/> <b>Yes</b> (High Risk for Severe Reaction) <input type="checkbox"/> <b>No</b> Weight: _____ Other related health history: _____		
<b><u>TREATMENT PLAN: IF ANAPHYLAXIS IS SUSPECTED:*</u></b> 1. Give epinephrine auto-injector and call 911 2. Repeat dose of epinephrine (if available) in _____ minutes if no improvement 3. Give antihistamine and inhaler (bronchodilator) if available ( <i>see attached PTAM form for med orders</i> ) 4. Other: _____ _____ Student may carry emergency medication in backpack: <input type="checkbox"/> YES <input type="checkbox"/> NO Student may self-administer epinephrine auto-injector: <input type="checkbox"/> YES <input type="checkbox"/> NO Student has demonstrated use of epinephrine auto-injector to LHP* <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b><u>Additional instructions for certain students:</u></b> The student is <b>EXTREMELY</b> reactive to the following allergen(s): _____ <input type="checkbox"/> If checked, give epinephrine immediately if student <b>LIKELY</b> exposed to allergen, for ANY symptoms. <input type="checkbox"/> If checked, give epinephrine immediately if student <b>DEFINITELY</b> exposed to allergen, even if no symptoms are apparent.		
_____ <b>Licensed Health Care Provider* Signature</b>	_____ <b>Date</b>	_____ <b>Phone</b>

\*MD, DO, ARNP, PA, ND

**\*Any of the following symptoms:**

**LUNG:** Shortness of breath, wheezing, repetitive cough

**HEART:** Pale or bluish skin, faintness, weak pulse, dizziness

**THROAT:** Tight or hoarse throat, trouble breathing or swallowing

**MOUTH:** Significant swelling of the tongue or lips

**SKIN:** Many hives over body, widespread redness

**GUT:** Repetitive vomiting, severe diarrhea

**OTHER:** Feeling something bad is going to happen, anxiety, confusion

**STUDENT SPECIFIC:** \_\_\_\_\_

**\*OR A COMBINATION OF MILD  
SYMPTOMS FROM DIFFERENT  
BODY AREAS.**