PLEASANT VALLEY SCHOOL DISTRICT
Brodheadsville, PA

Medical Statement for a Student with a Severe Allergy

Student's Name: ______________________________ **Age:** ________ **Date:** ________

School Name: ______________________________ **Grade Level:** ________ **DOB:** ________

IMPORTANT*: This form must be signed by a licensed physician, physician assistant or nurse practitioner. Return it immediately to the school when completed.*

Please check the appropriate box(es) below:

1. Does the student have a severe allergy*? ☐ **Yes** ☐ **No** If Yes, please describe the severe allergy. ________________

_____ Determined by testing
_____ Determined by reaction in the past (Please give a description of student's past reaction(s) on back of form)

2. Is the student ASTHMATIC? ☐ **Yes (higher risk of severe reaction)** ☐ **No**

3. Does the severe allergy* require the student to have a special diet and/or feeding equipment/utensils?
☐ **Yes** ☐ **No** If Yes, please describe on the back of this form.

4. Medication

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen®Jr. Twinject™0.3 mg Twinject™0.15 mg

Antihistamine: ______________________________
Medication Dose Route

Other: ______________________________
Medication Dose Route

5. Treatment

Symptoms	Medication			
• Child comes in contact with allergen but displays no symptoms	☐ Monitor	☐ Epinephrine	☐ Antihistamine	☐ Other (Specify)
• Mouth: Itching, tingling or swelling of the face or extremities	☐ Monitor	☐ Epinephrine	☐ Antihistamine	☐ Other (Specify)
• Skin: Hives, itchy rash, swelling or the face or extremities	☐ Monitor	☐ Epinephrine	☐ Antihistamine	☐ Other (Specify)
• Gut: Nausea, abdominal cramps, vomiting, diarrhea	☐ Monitor	☐ Epinephrine	☐ Antihistamine	☐ Other (Specify)
• Throat: Tightening of throat, hoarseness, hacking cough	☐ Monitor	☐ Epinephrine	☐ Antihistamine	☐ Other (Specify)
• Lung: Shortness of breath, repetitive coughing, wheezing	☐ Monitor	☐ Epinephrine	☐ Antihistamine	☐ Other (Specify)
• Heart: Weak or thready pulse, low blood pressure, fainting, pale, bluish	☐ Monitor	☐ Epinephrine	☐ Antihistamine	☐ Other (Specify)
• Other:	☐ Monitor	☐ Epinephrine	☐ Antihistamine	☐ Other (Specify)

Printed Name of Physician or Medical Authority: ______________________________

Signature of Physician or Medical Authority: ______________________________ Date: ________

*Severe Allergy means an allergy in which the body's abnormal responses to what would generally be considered a harmless substance can result in anaphylaxis, which is a severe allergic reaction that occurs rapidly and causes a life-threatening response involving the whole body.

FAX: 570-992-3932

No. 210-AR

Pleasant Valley School District
Brodheadsville, Pennsylvania 18322

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS
(Prescription & Over-the-Counter)

______________________ must receive and/or have available the following medication(s) while attending
(Full Name of Student) school during school hours, which could include to and from school, and/or while participating in a school-sponsored activity in order to maintain sufficient health to participate in the school program.

Student's Date of Birth: ______________

Name of medication: ______________

Prescribed dosage: ______________ Time schedule for administration: ______________

Length of time (duration) to be given: ______________

Diagnosis: ______________

Possible side effects: ______________

Additional medication currently prescribed: ______________

Special Conditions: ______________

Date: ______________ ______________
(Signature of physician /dentist/certified registered nurse practitioner)

Phone #: ______________ Address: ______________

Orders from C.R.N.P. must include official office stamp on form or must be on official office letterhead that includes physician's name and address.

Self-administration authorization section for completion by physician/dentist/certified registered nurse practitioner
The above student must carry and may self-administer the above-prescribed emergency medication while attending school during school hours and/or while participating in a school-sponsored activity. In my professional opinion, the student is both competent to self-administer the medication and carry the medication in a responsible manner.

Date ______________ ______________
(Signature of physician /dentist/certified registered nurse practitioner)

Parent/Guardian
I do hereby release, discharge and hold harmless the Pleasant Valley School District, its agent and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child should there develop an allergic or other reaction from the medication. *

Date ______________ ______________
(Signature of parent/guardian)

***

Pleasant Valley School District Medication Policy

Whenever possible, parents/guardians are requested to administer medication at home.

No medication will be dispensed by any school district personnel without the knowledge and verification of the certified school nurse or health room technician. If medication **MUST** be taken during school hours, the following shall be done:

Medication

A. Must be properly labeled and in the original container from pharmacy/doctor.
B. **To ensure the safety of all students, ALL MEDICATION must be brought to school by an adult and given to the school nurse.** Students may transport emergency medications (asthma inhalers, Twinjects, EpiPens, insulin "pumps", and the like) to and from school **once this authorization form has been properly completed and returned to the school nurse.**
C. Only enough medication to last for one (1) month or until the prescription expires should be at school.

*** Hold Harmless Clause**

As per Board Policy No. 210, the school district, in consideration of dispensation of prescription medications by the school staff who are employed by the school district, hereby covenants and agrees to hold harmless and indemnify all school staff against any and all claims, damages, expenses, attorneys' fees, suits, cause or causes of action in law or equity or any place whatsoever which may be brought against any such school staff because of any negligent act or omission done or not done by such school staff in connection with said dispensation.