Bellingham Public Schools
a collective commitment

PHYSICIAN'S ORDER AND EMERGENCY CARE PLAN FOR ANAPHYLAXIS

Student: _____ Birth Date: _____ Year: _____

School: _____

Physician to Complete:

Identified life-threatening allergen(s):_____

Student has demonstrated use to Licensed Health Care Provider (LHCP) and may self-administer Epinephrine : ☐ Yes ☐ No

Physicians order for epinephrine auto-injector: ☐ 0.15 mg ☐ 0.3 mg
or epinephrine nasal spray: ☐ 1 mg ☐ 2 mg

Repeat dose in 10 minutes if symptoms persist and EMS has not arrived: ☐ Yes ☐ No

Student has asthma (*high risk for severe reaction*): ☐ Yes ☐ No Inhaler: _____ Dose: _____ puffs

1. Administer auto-injector if student is unable or not authorized to self-administer **for suspected or actual exposure to above noted life-threatening allergen(s).**
2. **Call 911.**
3. If other medication is prescribed administer as ordered.

If epinephrine auto-injector is not immediately available, call 911.

Symptoms of anaphylaxis may include:	
Gastrointestinal:	*Nausea, stomachache, abdominal cramps, vomiting, diarrhea*
Heart:	*Passing out, fainting, pale, or bluish skin color*
Lung:	*Shortness of breath, repetitive coughing, wheezing*
Mouth:	*Itching, tingling, or swelling of the lips, tongue, or mouth*
Skin:	*Hives, itchy rash, swelling about the face or extremities*
Throat:	*Sense of tightness in the throat, hoarseness, hacking cough*
General:	*Panic, sudden fatigue, chills, fear*
Other:	*Some students may experience symptoms other than those listed above*

Parent/Guardian to Complete:

I authorize my child to self-administer and carry their epinephrine auto-injector: ☐ Yes ☐ No

I request my child sit in a specified allergy aware area during lunch time: ☐ Yes ☐ No

Medication Authorization: Health Care Provider and Parent/Legal Guardian Signatures Required: I request and authorize that the above-named student be administered the above identified medication in accordance with the instructions indicated above for a potentially life-threatening condition. I understand that **trained unlicensed school personnel** may be delegated to administer the emergency epinephrine auto-injector. By signing this I consent to exchange of information regarding this medication authorization between the school and the health care provider. I have read and understand the information on page 2 of this form.

LHCP Signature: _____ Date: _____

LHCP Name: _____ _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

- The parent/guardian must provide new orders from the licensed health care provider for medication administration prior to the first day of school attendance each school year.
- It is the parent/guardian's responsibility to deliver and maintain unexpired medication at school.
- Parent/guardian will provide the school with updated medication orders if the allergen, conditions, or medication have changed.
- If your child participates in school sponsored activities that take place before or after school, contact the coach or advisor and school nurse to arrange your student's health needs.
- Non-district after school activities: health information is not shared with outside organizations. It is the parents/guardian's responsibility to provide the necessary training and medication for their child.
- When a request for medication self-administration is received for a student, the licensed health care provider, parent, and school nurse shall concur that the student is able to safely carry and administer the medication.
- If your child is self-carrying their epinephrine auto-injector it is their responsibility to have it in their possession while attending any school sponsored event or activity. The availability of having this emergency medication in your child's possession is solely you and your child's responsibility.
- The district will assume no responsibility or liability for the administration of the medication should a student medicate themselves at school or at a school sponsored activity.