

Student Name: _____

AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICATION AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

Student has received training in the proper use of the medication (ie: Epinephrine, Antihistamine, inhaler) AND

Student demonstrates the proper technique when taking the medication AND

The nature of the disease or medical condition requires emergency administration of the medication AND

I request that the student possess and self-administer the named medication during school hours and at school activities.

In my opinion, this student shows the capability to possess and self-administer the prescribed medication(s).

Physician's Signature (Required)

Date

To Be Completed By Parent/Legal Guardian

I request that my student, named above, be permitted to possess and administer the prescribed medication(s). I take responsibility for this permission.

Parent/Guardian Signature

Date

IF EMERGENCY MEDICATION IS GIVEN:

1. Note time epinephrine was given.
2. Call 911.
 - Tell emergency dispatcher the person is having a severe reaction.
 - Ask for an ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Lay person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
4. Give a second dose of epinephrine, if symptoms get worse, continue or do not get better in 5 minutes.
5. Consider giving additional medications (if prescribed) following epinephrine:
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing
6. Transport patient to ER, even if symptoms resolve.

Please attach a separate order, written and signed by your physician, if a nut free classroom and/or lunch table is necessary for your child.