

EMERGENCY PLAN FOR BEE STINGS AND ALLERGY / ANAPHYLAXIS (SECONDARY TO FOOD ALLERGY)

Permission to Administer Emergency Medication for a Life Threatening Condition

Student:	Birthdate:	Physician:
School:	Teacher:	Physician Phone:

Student will be carrying an Epi-Pen on their person, authorized to self-administer: Yes No

Intervention:	
Administer Epi-Pen per following instructions: _____	
Oral medication to be administered (include name, dosage, and form): _____	

I certify that valid health reasons exist requiring that medication be administered during school hours or during such time that the student is under supervision of school personnel.	
I request and authorize that the above named student administer the identified medication in accordance with the instructions indicated for an emergency/life threatening condition. The medication may also be administered by trained school personnel.	
_____	_____
Date of Signature	Physician Signature (Physician's Assistant's orders must be countersigned by supervising MD)
_____	_____
Telephone Number	Name (Print or Type)

If Epi-Pen is not immediately available, staff should:

- Call 911
- Stay with student
- Notify parents

Symptoms of anaphylaxis include:

- | | |
|-------------------------------|------------------------------------|
| Hives/rash/itching | Sweating |
| Wheezing/difficulty breathing | Anxiety |
| Tachycardia (fast pulse) | Alteration impulse or respirations |
| Swelling | Tightness in the throat |
| Lightheadedness | Nausea / Vomiting |

THIS PORTION OF FORM IS TO BE COMPLETED BY THE PARENT/GUARDIAN

I certify that I am the parent, legal guardian, or other person in legal control of the identified student above. I request and authorize that the student and/or the trained school staff administer the emergency medication to the above-identified student.

I understand that my signature indicates that the school accepts no liability for untoward reactions when the medication is administered in accordance with the licensed health care provider's directions.

Parent/Guardian Signature

Date

Cell Phone Number

Alternate Phone Number