

## Lynden Christian Schools/Evergreen Christian School

### GUIDELINES FOR PARENT/GUARDIAN REGARDING ORAL MEDICATIONS AT SCHOOL

Lynden Christian Schools is authorized by RCW 28A.210.260-270 and RCW 18.71.030 (3) to administer prescribed oral medication to students during school hours or while students are under the supervision of Lynden Christian Schools personnel. Lynden Christian Schools will authorize its employees to administer prescribed oral medication to students ONLY when the student requires such medication in order to attend school, or when the student is susceptible to a predetermined life-threatening condition.

#### IF MEDICATION IS TO BE GIVEN AT SCHOOL, THE FOLLOWING MUST BE FOLLOWED:

1. An AUTHORIZATION FOR MEDICATIONS AT SCHOOL form for each medication prescribed is to be completed and signed by the child's physician for prescription and over-the-counter medication. The form must also be signed by the parent or guardian. For students in grades 9-12, if medication is over-the-counter an AUTHORIZATION FOR MEDICATIONS AT SCHOOL form need **only** be completed and signed by a parent or guardian (no physician signature is needed).
2. An EMERGENCY PLAN FOR BEE STINGS AND ALLERGY/ANAPHYLAXIS form for epinephrine and antihistamines prescribed for a life-threatening allergy must be completed and signed by the child's physician. The parent portion of the EMERGENCY PLAN FOR BEE STINGS AND ALLERGY/ANAPHYLAXIS form must also be signed by the parent or guardian.
3. Students will be allowed to self-carry/self-administer their epinephrine injectors or inhalers at the discretion of their physician, this must be indicated on the medication form. Students in grades 9-12 will be allowed to self-carry/self-administer oral medications if indicated by the physician (prescription) or parent (over-the-counter). **STUDENTS MAY ONLY CARRY A ONE DAY SUPPLY OF MEDICATION.**
4. The medication must be furnished in an original container from the pharmacy with the student's name, the name of the medication, and the amount to be given. Over-the-counter medication must be furnished in the original container from the manufacturer. All medications must be in a form ready to be administered and must not require preparation by school staff.
5. It is the parent's responsibility to deliver and maintain an adequate supply (not more than one month supply) of the medication at school. **The medication may not be delivered by the child.**
6. At the end of the year it is the parent's responsibility to pick up unused medication. Any medication left at school will be destroyed 5 working days after school is out.
7. Parents will be notified if any of the medication's side effects that are listed on the AUTHORIZATION FOR MEDICATIONS AT SCHOOL form or the EMERGENCY PLAN FOR BEE STINGS AND ALLERGY/ANAPHYLAXIS form are observed.
8. Physician's orders to administer medications are current until the end of the school year and must be renewed in writing with the start of each school year.
9. If the dosage of a medication changes, the school requires a new authorization form and a newly labeled container from the pharmacy.
10. The school expects your child to come to the office at the appointed time for their medication. Personnel can only administer medication in accordance with the physician's instructions and at the prescribed time.
11. In order for a student to receive medication at school, all procedures must be followed by parents, physicians, and the student. If these conditions are not met, the student's medication procedure will be reviewed and possibly discontinued.
12. When the student is on a field trip and medication must be administered during school hours or during such time that the student is under supervision of school personnel, the parent will need to make arrangements with the school at least 24 hours prior to the trip.

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

Permission to Administer Emergency Medication for a Life-Threatening Condition

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Self-carry/self-administer epinephrine: ☐ Yes ☐ NoAsthma: ☐ Yes (higher risk for a severe reaction) ☐ No**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****Extremely reactive to the following foods:** \_\_\_\_\_**THEREFORE:**☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS****LUNG**Short of breath,  
wheezing,  
repetitive cough**HEART**Pale, blue,  
faint, weak  
pulse, dizzy**THROAT**Tight, hoarse,  
trouble  
breathing/  
swallowing**MOUTH**Significant  
swelling of the  
tongue and/or lips**SKIN**Many hives over  
body, widespread  
redness**GUT**Repetitive  
vomiting, severe  
diarrhea**OTHER**Feeling  
something bad is  
about to happen,  
anxiety, confusion**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS****NOSE**Itchy/runny  
nose,  
sneezing**MOUTH**

Itchy mouth

**SKIN**A few hives,  
mild itch**GUT**Mild nausea/  
discomfort**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

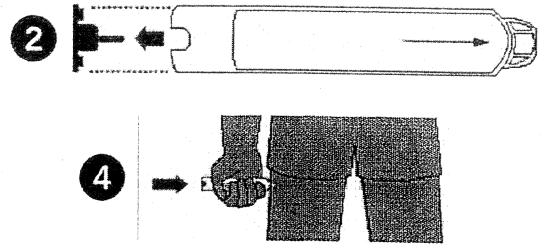
DATE

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

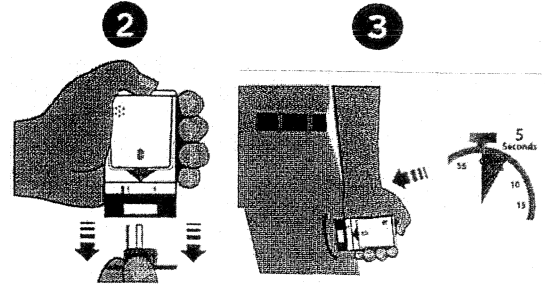
Permission to Administer Emergency Medication for a Life-Threatening Condition

**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

**ADRENALICK®/ADRENALICK® GENERIC DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

**OTHER DIRECTIONS/INFORMATION:**THIS PORTION OF FORM IS TO BE COMPLETED BY THE PARENT/GAURDIAN

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