Deer Lakes School District

Individualized Emergency/Health Care Plan
Anaphylaxis

Name_____Grade_____ HR _____Age _____ School Year _____

ALLERGIC TO: _____

Asthmatic ____Yes* ____No *High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

MOUTH	Itching & swelling of the lips, tongue, or mouth
THROAT	Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
SKIN	Hives, itchy rash, and/or swelling about the face or extremities
GUT	Nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG	Shortness of breath, repetitive coughing, and/or wheezing
HEART	Dizziness, fainting,"Thready" pulse, sense of doom
OTHER	_____

Parents, please place picture of your child here

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!

☆ EMERGENCY ACTION PLAN:

1. If ingestion/sting is suspected, give _____
   (Medication/dose/route)
   and _____**IMMEDIATELY!**

2. **CALL 911** (Activate EMS) **Immediately!**
3. Call Parents/Guardian

EPIPEN DIRECTIONS

1. **Pull off gray safety cap**

(Insert picture #1 here) (Insert picture #2 here)

2. **Place BLACK TIP on OUTER THIGH**
3. **Push hard until you feel unit activate**
4. **Hold in place for 10 seconds, then remove and discard**
5. **Massage injection area for 10 seconds**

Does your child wear a medic alert tag? Yes ☐ No ☐

EPINEPHRINE PENS

Epinephrine Pen(s) and necessary medication are to be provided by parents and will be kept:

____ Nurse's Office Date turned in _____
____ Student will carry with him/her at all times
- Specific Designated area: _____
- Student must agree not to remove Epi Pen **for any reason** (other than usage)

____ On student's bus in drivers first Aid Kit
____ Other: _____

SELF-ADMINISTRATION OF EPINEPHRINE

Does child self-administer Epinephrine? _____Yes * _____No

*If yes, student must:

- Understand circumstances/symptoms associated with their need for Epinephrine Pen
- Know proper technique of self administration of Epi Pen
- Agree **NEVER** to share Epi Pen with another person
- Agree to seek help immediately from nurse, teacher or adult

TRANSPORTATION/BUS RIDE Necessary arrangements needed to and from school/on bus ride:

_____

_____

FIELD TRIPS Necessary arrangements needed on field trips:

_____

_____

_____

SCHOOL PARTIES AND SPECIAL EVENTS (Food allergies only)

____ Child will consume **ONLY** the food and drink sent in by parent/guardian

____ Child may consume food **pre-approved by parent ***

*****Teacher must obtain parent permission for snack to be approved

____ Student will self-monitor all food offered to him/her

____ Other: _____

CAFETERIA (Food allergies only)

Indicate any special arrangements necessary in cafeteria. Please be very specific.

_____

_____

_____

OTHER

Please address any other issues, guidelines or special precautions that you feel is important to your child's safety and care during the school day. Please be very specific:

_____

_____

_____

My signature below indicates that I have completed the above information and agree with the recommended actions. I also authorize the release of this Individualized Health Care Plan to the employees of Deer Lakes School District.

→**Parent Signature:** _____Date _____

→**Physician's Signature**: _____ Date: _____

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DEER LAKES SCHOOL DISTRICT
Medication Permission Form

Dear Parent and Physician:

Deer Lakes School District strongly recommends that student medications be administered at home, before or after school. If, under exceptional circumstances, it is absolutely necessary that the medication be giving during school hours, the following guidelines must apply:

1. **For the safety of your child, students are not permitted to transport or carry with them any medication (over the counte or prescription) at any time. Exceptions to this are outlined below.**
2. **No medications will be given back to the student to transport home.**
3. **Prescription medication must be in the original prescription labeled container (you can request a duplicate container from the pharmacist) accompanied by this completed form or a physician written order and a detailed note with parent/guardian signature.**
4. **Non-Prescription medication must be in the original container with student's name and accompanied by this form or a detailed note, indicating name of medication, dose, and time to give from parent/guardian. The nurse will request a physician's order to administer an over the counter medication.**
5. **Students who are authorized by a doctor to carry and/or self-administer a medication violate the Alcohol and Other Drugs policy IF he/she permits another student to take or ingest the medication.**
6. **Any medication not picked up by the last day of school will be disposed of in a non-recoverable manner.**

Student's Name_____ _____

Last **First** **Grade**

I have read the above information and request that my child be assisted in taking the medicine(s) described below at school by authorized persons or permitted to medicate herself/himself (as outlined below) also by me and my physician. We agree t hold the school, its offices, agents and employees harmless in administering the medication pursuant to the physician's written instructions. We further agree to notify you promptly when it is no longer necessary to administer this medication.

PRESCRIPTION MEDICATIONS **The PHYSICIAN must complete the following:**

Name of Medicine_____Form_____Dose_____
Time to be administered _____
Reason for Medication _____
Duration of time medication is required in school: _____
If medicine is to be given "WHEN NEEDED" describe indications: _____
How soon can it be repeated? _____
List significant side effects: _____
Length of time this treatment is recommended_____

PERMISSION TO CARRY AND/OR SELF MEDICATE

Is child authorized to medicate herself/himself? (Ex. Epi Pen or Inhaler) **Yes____ No_____**
Student may carry inhaler, epipen (or other) in school or on Field Trips? **Yes____ No_____**

Any other necessary information: _____

Physicians Signature: _X_____ Date: _____
PARENT SIGNATURE :x_____DATE:_____
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