

**FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT
AUTHORIZATION FOR MANAGEMENT OF AN ALLERGIC REACTION**

Attachment 1
Reg. No 200-39

This order is valid only for the current school year _____ (Including Summer Session)

Emergency injections are usually administered by non-health professionals such as, a FCPS employee or a FCHD health room technician. These persons are trained by a school registered nurse to give the injection. 911 will be called while the student, health services staff or school staff administers the EPIPEN.

- Prescription medication must be in a container labeled by the pharmacist or health care provider.
- Over-the-counter medication must be in the **original unopened container** with the label intact.
- The provider will be called if a question arises about the student and their medication.
- Thoroughly review reverse side of form before completion.

HEALTH CARE PROVIDER AUTHORIZATION

Name of Student: _____ Date of Birth: _____

Allergies: _____ Grade: _____

Type of Medication/Dosage/Route of Administration: Check appropriate box (es)

Type of Medication	Dose	Route
Benadryl (Diphenhydramine) 1x Dose	<input type="checkbox"/> 12.5 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg	<input type="checkbox"/> Liquid <input type="checkbox"/> Tabs <input type="checkbox"/> Melts (Tabs or Strips)
EpiPen	<input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.30 mg	<input type="checkbox"/> IM
Other Medication:	<input type="checkbox"/>	<input type="checkbox"/>
Is student competent to self-carry EpiPen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is student competent to self-administer EpiPen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medication is to be Administered: Check appropriate box (es)

- Immediately after insect sting (bee, wasp, hornet, yellow jacket)
- Immediately after the ingestion of (specify): _____
- Immediately after contact with (specify): _____
- Unknown etiology: _____

If Benadryl and EPIPEN Are Ordered: Check appropriate box

- Give Benadryl and EPIPEN at the same time and call 911.
- Give Benadryl then if you see any of these signs/symptoms: difficulty breathing, chest tightness, audible wheezing, tongue swelling, give EPIPEN immediately and call 911.

Repeat EPIPEN dose in 15 minutes if EMS has not arrived** Yes No

****For a repeat dose, parent must provide second EPIPEN for school.**

Possible Medication Side Effects:

EPIPEN: palpitations, rapid heart rate, sweating, nausea and vomiting
 Benadryl: drowsiness, sedation, sleepiness, dizziness, restlessness, hypotension, palpitations
 Other: _____

Health Care Provider's Name/Title: (Type or Print)

Telephone: _____ Fax: _____

Address: _____

Health Care Provider's Signature: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION

I request designated personnel to administer the medication as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of medication at school.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____ Work Phone: _____

REGISTERED NURSE AUTHORIZATION

Is student competent to self carry EpiPen? Yes No Is student competent to self-administer EpiPen? Yes No

Signature: _____ Date: _____

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS AND PHYSICIANS

1. An acute allergic reaction can be a life-threatening situation. Completion of this form in its entirety is vital so that the EPIPEN can be administered and emergency care implemented.
2. If the student experiences an acute allergic reaction, FCPS personnel will dial 911 while the student/FCHD school health employees/or FCPS staff administers the EPIPEN. Parent/guardian will be notified.
3. An EPIPEN sent to school, must be labeled by a registered pharmacist with the name of the medication, the dose, the name of the health care prescriber, the name of the student, and directions for administration.
4. The parent/guardian should note the expiration date and provide a new EPIPEN prior to expiration.
5. The FCHD school health employees must review and approve these forms in the school prior to administration.
6. The parent/guardian, health care prescriber and school RN must indicate on the reverse side of this form whether the pupil is capable of self-administering the EPIPEN, if needed.