

**FOOD ALLERGY TREATMENT PLAN AND
PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL**

PATIENT'S NAME: _____ DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____ TELEPHONE: _____

PHYSICIAN'S NAME: _____ PHONE: _____ ADDRESS: _____

SPECIFIC FOOD ALLERGY: _____

Severity of Reactions: _____

ASTHMA YES NO

IF PATIENT INGESTS OR THINKS HE/SHE INGESTED THE ABOVE NAMED FOOD: (CHECK BELOW)

Observe student for symptoms of anaphylaxis x 2 hours (see list below)

___ Administer Epi-Pen or Pei-Pen JR. BEFORE symptoms occur (circle one)

___ Administer Epi-Pen or Epi-Pen JR. IF symptoms occur (circle one)

___ Administer Benadryl ___ teaspoons – Swish and Swallow

___ Administer Atarax ___ teaspoons – Swish and Swallow

___ Administer _____

X Call 911, transport to nearest Emergency Room if symptoms occur and/or if Epi-Pen is administered *(SCHOOL DISTRICT POLICY)

Physician's Signature _____, M.D. Physician Name: _____

Physician Number and Address: _____ Date: _____

• **IF REACTION OCCURS PLEASE NOTIFY THIS OFFICE**

1. Is this a controlled drug? Yes No

2. Medication shall be administered from _____ to _____ (dates)

3. Relevant side effects, if any, to be observed: _____

4. Other Suggestions: Please allow child to self-administer medication if able and appropriate Yes No

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by designated school personnel. I understand that I must supply the school with no more than a 45-day supply of medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT'S PHONE NUMBER: Home: _____ Work: _____ Cell: _____

Signature: _____ M.D. Date: _____

****SYMPTOMS OF ANAPHYLAXIS**

Chest tightness, cough, shortness of breath, wheezing

Tightness in throat, difficulty swallowing, hoarseness

Swelling of lips, tongue, throat

Itching mouth, itchy skin

Hives or swelling

Stomach cramps, vomiting, or diarrhea
Dizziness or faintness

Reviewed by School Nurse: _____ on Date: _____