



## ANAPHYLAXIS MEDICATION AUTHORIZATION

(Must be completed by parent/legal guardian and physician before medication can be accepted at school)

SCHOOL YEAR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

|            |            |
|------------|------------|
| PHONE #1 : | PHONE #2 : |
|------------|------------|

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHILD IS SEVERELY ALLERGIC TO:** \_\_\_\_\_

**MEDICATION TO BE ADMINISTERED AT SCHOOL:**

| MEDICATION                               | DOSE  |
|--|---|
| <input type="checkbox"/> DIPHENHYDRAMINE |   |
| <input type="checkbox"/> EPINEPHRINE     | <input type="checkbox"/> 0.15 MG <input type="checkbox"/> 0.30 MG |
| <input type="checkbox"/> OTHER           |   |

**PHYSICIAN'S SPECIFIC INSTRUCTIONS FOR MEDICATION ADMINISTRATION:**

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STUDENT MUST CARRY MEDICATION:  YES     NO      STUDENT IS ASTHMATIC:  YES     NO

STUDENT IS AT HIGH RISK FOR SEVERE REACTION:  YES     NO

**CHILD'S FIRST SYMPTOMS MAY START AS: (CHECK ALL THAT APPLY)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Itching and swelling of the lips, tongue, or mouth                               | <input type="checkbox"/> Nausea, abdominal cramps, vomiting, and/or diarrhea       | <input type="checkbox"/> "Thready" pulse or passing out |
| <input type="checkbox"/> Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough | <input type="checkbox"/> Shortness of breath, repetitive coughing, and/or wheezing |   |
| <input type="checkbox"/> Hives, itchy rash, and/or swelling around the face or extremities                |  |   |

STUDENT NAME: \_\_\_\_\_

**GREEN CHARTER WILL PROVIDE TRAINING FOR STAFF AT THE SCHOOL TO ASSIST YOUR CHILD IF NEEDED.****FIELD TRIPS:**

- I will accompany my child on all field trips away from the school and assume responsibility for administering medication if needed.
- The student has permission from the physician to carry and self-administer the medication and will be responsible for having medication available for trips off campus.
- The teacher in charge of the field trip will additionally be trained and have responsibility for administering medication if needed.

**BUS TRANSPORTATION:**

- YES, THE BUS DRIVER NEEDS TO BE NOTIFIED     NO, THE BUS DRIVER DOES NOT NEED TO BE NOTIFIED

**PARENT/LEGAL GUARDIAN WILL PROVIDE ALL NECESSARY SUPPLIES/MEDICATION AND NOTIFY THE SCHOOL OF CHANGES IN CONDITION OR PRESCRIBED TREATMENT PLAN**

I understand that all medication will be provided by me in the original container, clearly labeled with prescription information that lists my child's name. Permission is granted to the principal and/or school nurse to share this information with individuals who have responsibility for my child. I give the school permission to contact listed physician's office to request medical information concerning my child. I am aware of the expiration date and will replace medication before it expires. If the physician authorizes my child to carry his/her medication during the school day, I understand that I cannot hold the school district responsible for any adverse outcome of this action.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***I HAVE SEEN THIS CHILD AND AGREE WITH THE ABOVE TREATMENT:***

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***BOTH AREAS MUST BE COMPLETED IF THE MEDICATION IS TO BE CARRIED AND SELF-ADMINSTERED***

THIS STUDENT IS TO SELF-ADMINISTER AND SELF-MONITOR THIS MEDICATION WHILE AT SCHOOL. TRAINING HAS BEEN COMPLETED BY THE PHYSICIAN AND THE STUDENT HAS DEMONSTRATED COMPETENCY IN SELF-MONITORING AND SELF-ADMINISTRATION OF THIS MEDICATION. MEDICATION MUST BE WITH STUDENT DURING CLASS TIME AND ANY SCHOOL SPONSORED ACTIVITY. THE PARENT IS AWARE THAT THEY CANNOT HOLD GREEN CHARTER RESPONSIBLE FOR ANY ADVERSE OUTCOME OF THIS ACTION.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911. ALERT EMS TO POSSIBLE ALLERGIC REACTION.**

# GREEN CHARTER SCHOOL

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## **Parent Responsibility for Medications at School**

When possible, **medications should be given before or after school** so the parent/guardian, not school staff, administer the medication

**Healthcare provider's order** and parent/guardian permission are **required for all prescription medication**.

**Prescription medications must be received in the original container with pharmacy label present listing student's name, name of medication, dosage, and amount clearly visible on the bottle/container.**

**Over-the-counter (OTC) medications** require parent permission; **dosage may not exceed manufacturer's directions**; Over-the-counter medications must be provided by the parent in a new - unopened container, clearly labeled with the student's name. **School nurses are legally required to administer only medications with FDA approval.**

OTC medications that are to be given daily for more than one week must have a doctor's order.

**All medication should be brought to the school and taken directly to the School Nurse or Main Office by the parent/guardian**, or designated individual over 18 years of age, and may be counted at the time of receipt. In the interest of safety for all students, medications cannot be transported to or from school by students

### **ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER.**

It is against School District Policy for a student to carry **ANY** medication on their person without physician permission, parent permission, and school district permission to self-administer and self-monitor. (SC Law S144) All medication will be maintained in the health room. **Violations of the medication policy are dealt with sternly.**

**If your child forgets to take a morning dose of medication**, the school nurse is not permitted to give that dose at school. **Parents may come to the Health Room to give the missed dose.**

It is the responsibility of the parent/guardian to inform the school of any changes. **New prescription medications or new doses will not be given unless a new form is completed and a newly labeled pharmacy container is provided.**

**Only a 30-day supply of prescription medication should be brought to school at one time.** For your convenience, many of the local **pharmacies may provide a second labeled container for medications needed at school and on field trips.** Small containers of (OTC) medication should be provided at school.

Parents are responsible for knowing and replacing medication before the expiration date. **The School Nurse will not administer any medication past the expiration date.**

**Medication authorization forms** are valid for the current school year and **must be renewed each school year.** **No medication containing ASPIRIN can be given at school without a doctor's authorization.** This includes but is not limited to Pepto Bismol, Excedrin, and some OTC cold medications.

**Unused medication will be disposed of unless picked up within one week after medication is discontinued.**  
Medications that are not picked up will be disposed of in a manner that respects security as well as environmental concerns.

**Medications are not supplied by the school or the School Nurse.**

**Medications needed for field trips require a separate form.**