

MEDICAL AUTHORIZATION FOR SEVERE ALLERGY MANAGEMENT IN THE ELLENSBURG SCHOOL DISTRICT

FAX NUMBERS:

Lincoln Elementary
509-925-5056

Mt Stuart Elementary
509-925-8406

Valley View Elementary
509-925-8134

Morgan Middle School
509-925-8202

Ellensburg High School
509-925-8305

Student Name: _____

Birthdate: _____

Grade: _____

LICENSED HEALTH CARE PROVIDER TO COMPLETE SECTION BELOW:

Student has severe allergy to: _____

Describe symptoms in previous reactions: _____

Student also has asthma?

Yes

No

If yes, rescue inhaler may be used **after** the Epinephrine has been given:

Yes

No

REQUIRED Treatment for Exposure to Allergen/Suspected Exposure OR Serious Symptoms

Exposure/Suspected Exposure OR Serious Symptoms:

- Hives or swelling in other areas other than allergen contact area
- Itching, swelling of lips, tongue, throat, or mouth
- Sense of tightness in throat, hoarseness
- Significant shortness of breath, repetitive coughing, wheezing
- Nausea, cramps, vomiting, and/or diarrhea
- Lightheadedness; dizziness; passing out

1. Give Epinephrine IM Immediately (*side effects: ↑HR, nervousness*)

Epinephrine auto-injector: 0.15mg OR 0.3mg

If symptoms continue, repeat Epinephrine after 5 - 10 minutes.

(If repeat dose ordered, please provide school with 2nd dose.)

Optional:

After giving epinephrine, give ____mg antihistamine
specify medication: _____

2. Note time given

3. **Call 911**, ask for Advanced Life Support for an allergic reaction

4. Call School Nurse (if available) and notify parent/guardian

5. Remain with student until EMS arrives. Student should be lying down.

OPTIONAL Treatment for No Known Exposure WITH Mild Symptoms

No Known Exposure WITH Mild Symptoms (please check):

A few hives

Other

(describe) _____

Common side effects of antihistamine include drowsiness, dry mouth and constipation.

Notify parent/guardian to pick up student for observation

OR

1. Give _____ mg antihistamine

specify medication: _____

2. Notify parent/guardian that antihistamine was given and to pick student up for further observation.

If serious symptoms develop, give Epinephrine as instructed above.

This student may carry this emergency medication at school.

Yes

No

This student is trained and capable to self-administer this emergency medication.

Yes

No

Medication order is valid for duration of current school year (which includes summer school).

LICENSED HEALTH CARE PROVIDER SIGNATURE

PRINTED LHCP NAME

LHCP PHONE

LHCP FAX

DATE

Parent Section		
I request that the school nurse, or designated staff member, administer the following medication in accordance with healthcare provider instructions.		
I give permission for my child to carry this medication.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for my child to self-administer this medication.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for the nurse to initiate an Emergency Care Plan/504 Plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ PARENT/GUARDIAN SIGNATURE		_____ DATE
_____ HOME PHONE	_____ WORK PHONE	_____ CELL PHONE

The Ellensburg School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Cole Kanyer, Title IX Coordinator, 509-925-8315, cole.kanyer@esd401.org, 1203 E. Capitol Avenue, Ellensburg, WA 98926, Kim Snider, Civil Rights Coordinator, 509-925-8007, kim.snider@esd401.org, and Section 504 Coordinator, Patty Kimmel, 509-925-8115, patricia.kimmel@esd401.org, 1300 East Third Avenue, Ellensburg, WA 98926.