

AUTORIZACIÓN MÉDICA PARA LA ADMINISTRACIÓN DE ALERGIAS SEVERAS EN EL DISTRITO ESCOLAR DE ELLENSBURG

NÚMEROS DE FAX:

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
------------------------------------	--------------------------------------	--	--------------------------------------	--

Nombre del Estudiante:	Fecha de Nacimiento:	Grado:
------------------------	----------------------	--------

LICENSED HEALTH CARE PROVIDER TO COMPLETE SECTION BELOW:

Student has severe allergy to:			
Describe symptoms in previous reactions:			
Student also has asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, rescue inhaler may be used after the Epinephrine has been given:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

<p>Exposure/Suspected Exposure OR Serious Symptoms:</p> <ul style="list-style-type: none"> • 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 	<ol style="list-style-type: none"> 1. Give Epinephrine IM Immediately (<i>side effects: ↑HR, nervousness</i>) Epinephrine auto-injector: <input type="checkbox"/> 0.15mg OR <input type="checkbox"/> 0.3mg <input type="checkbox"/> If symptoms continue, repeat Epinephrine after 5 - 10 minutes. <i>(If repeat dose ordered, please provide school with 2nd dose.)</i> Optional: <input type="checkbox"/> After giving epinephrine, give ____mg antihistamine <i>specify medication: _____</i> 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

<p>No Known Exposure WITH Mild Symptoms (please check):</p> <input type="checkbox"/> A few hives <input type="checkbox"/> Other (describe) _____ _____ <i>Common side effects of antihistamine include drowsiness, dry mouth and constipation.</i>	<input type="checkbox"/> Notify parent/guardian to pick up student for observation OR <input type="checkbox"/> 1. Give _____ mg antihistamine <i>specify medication: _____</i> 2. Notify parent/guardian that antihistamine was given and to pick student up for further observation. <input type="checkbox"/> If serious symptoms develop, give Epinephrine as instructed above.
---	--

This student may carry this emergency medication at school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This student is trained and capable to self-administer this emergency medication.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

Sección de Padres

Yo pido que la enfermera o personal designado le administre el medicamento recetado de acuerdo con las instrucciones del médico.

Doy permiso para que mi hijo/hija pueda cargar su medicamento.

Sí

No

Doy permiso para que mi hijo/hija pueda administrarse su propio medicamento.

Sí

No

Yo doy permiso para la enfermera de iniciar un plan de cuidado de emergencia/plan 504.

Sí

No

FIRMA DEL PADRE O TUTOR

FECHA

TELÉFONO DE CASA

TELÉFONO DEL TRABAJO

TELÉFONO CELULAR

El distrito escolar Ellensburg School District no discrimina a las personas en ninguno de sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano o militar, orientación sexual, expresión o identidad de género, discapacidad o por el uso de perros guía o un animal de servicio, y proporciona igual acceso a los niños exploradores (Boy Scouts) y otros grupos juveniles designados. El (los) siguiente(s) empleado(s) han sido designados para manejar preguntas y denuncias de supuestos casos de discriminación: 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.