

SOUTH KINGSTOWN SCHOOL DEPARTMENT
Authorization for Prescription Medications to be Taken During School Hours
BEE STING / SEVERE FOOD ALLERGY / EMERGENCY HEALTH CARE PLAN

STUDENT'S NAME _____

Please indicate one:

BEE STING

FOOD ALLERGY (Specify allergen):

The following procedure will be followed for the above named student:

1. Remove stinger from skin, if present.
2. Apply ice.
3. Give _____ mgs
BENADRYL (Parent must supply)

The following procedure will be followed for the above named student:

- If ingestion or symptoms of allergic reaction occur:
1. Give _____ mgs
BENADRYL (Parent must supply)

PHYSICIAN TO CIRCLE ONE OPTION:

PHYSICIAN TO CIRCLE ONE OPTION:

- 4a. IMMEDIATELY GIVE
EPINEPHRINE AUTO-INJECTOR
after Benadryl, then call "911" and parent

- 2a. IMMEDIATELY GIVE
EPINEPHRINE AUTO-INJECTOR
after Benadryl and call "911" and parent.

or

or

- 4b. WATCH CLOSELY – if any symptoms of body hives, itching, difficulty breathing, or loss of consciousness, then give EPINEPHRINE AUTO-INJECTOR, call "911" and parent.

- 2b. WATCH CLOSELY – if any symptoms of difficulty breathing or swallowing, or loss of consciousness, then give EPINEPHRINE AUTO-INJECTOR, call "911" and parent.

Dose of EPINEPHRINE AUTO-INJECTOR
To be given (please circle one):

Dose of EPINEPHRINE AUTO-INJECTOR
to be given (please circle one):

0.15 mg. 0.3 mg.

0.15 mg. 0.3 mg.

In the event a School Nurse Teacher is not present when your child may incur an identified acute allergic reaction during the school day or on a field trip, his/her Epi-pen/ Epi-pen Jr. will be administered by a trained adult. The 911 EMS system will also be initiated at this time. It is not possible to follow a medication administration order prescribing Benadryl prior to Epi-pen by anyone other than a School Nurse Teacher.

Please be advised that there is no medical supervision or services provided by the School Department for routine bus services or any after school activities. The only services available are the local Emergency Medical Services through the town.

**Is child authorized to medicate himself/herself? YES NO * see policy on reverse side*

(Self medication applies only to inhalers, Epinephrine auto-injectors and prescribed self injected medication)

**Is child authorized to self medicate during an off-site school-sponsored activity? YES NO*

physician's signature

date

I am in agreement with the above procedure and will provide the Benadryl and/or Epinephrine Auto-injector to be kept at school.

parent/guardian signature

date