



**FREEDOM AREA
SCHOOL DISTRICT**

Freedom Area School District
Health Services
 Amie Kazik RN, BSN, District Nurse
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Student's Name:	DOB:	Date:
School:	Grade:	Bus: ____ Yes ____ No

Co-curriculars:

Health Condition: Bee Sting Allergy (Known)- Emergency Care

Child has anaphylaxis: ____ YES ____ NO

IF CHECKED, GIVE EPINEPHRINE IMMEDIATELY IF THERE WAS A STING EVEN IF NO SYMPTOMS ARE NOTED

Symptoms of student's allergic reaction (check all that apply:) <input type="checkbox"/> Hives, itchy rash, swelling of face or extremities <input type="checkbox"/> Swelling at site (describe) _____ <input type="checkbox"/> Severe pain at site of sting <input type="checkbox"/> Itching, tingling, or swelling of lips, tongue, mouth <input type="checkbox"/> Red, itchy, watery eyes <input type="checkbox"/> Shortness of breath, repetitive coughing, wheezing	EMERGENCY PROCEDURE: 1. Give appropriate medication as listed below. Note time 2. If Epi-Pen given, call 911. State that an allergic reaction has been treated. 3. Additional epinephrine may be needed. If symptoms continue, repeat epi-injector after 5-10 minutes 4. Call parent/guardian 5. Stay with student and monitor 6. If self administered, student must notify school personnel
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Emergency Contacts: Name	Phone	Relationship to Student
1.		
2.		

FOR COMPLETION BY PHYSICIAN: Physician's Name: _____ **Phone:** _____

Epinephrine: Inject intramuscularly (circle one) Epi-Pen Epi-Pen Jr. Auvi-Q 0.3mg Auvi-Q 0.15mg

Antihistamine: Give: medication/dose/route: _____

Other: Give: medication/dose/route: _____

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Is the student knowledgeable about their medication & need to notify school personnel if epinephrine is administered: ____ Yes ____ No

Has the student demonstrated the proper technique in administering medication: ____ Yes ____ No

Side effects:

() I have instructed _____ in the proper way to use their injected medications. It is in my professional opinion that they should be allowed to carry and use this injected medication by him/herself.

() It is my professional opinion that _____ should not carry and use their injected medication by him/herself.

Physician's Signature:

Date:

Medication Consent: I hereby give permission to designated trained school personnel to give medications to my student during the school day, including when away from the school property on official school business, according to the written instructions of the doctor as shown on this form. I also hereby agree to give my permission to the school nurse and/or school personnel to contact the student's physician if needed. I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medications administration and possible adverse effects of the medication. I further agree to hold the Freedom Area School District and FASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school. I agree to notify the school at the termination of this request or when any changes in the above orders are necessary. If self administration is allowed, or if no authorized staff member is available, I ask that my student be permitted self medication as authorized by the physician and myself. I understand as the parent/guardian, I am responsible to assure that backup rescue medication is available to my student after school hours and traveling to/from and during school-sponsored events.

Students health information is shared via emails, copies of health plans and/or staff meetings with grade level teachers, coaches, bus companies, office staff and other pertinent FASD staff.

By signing you agree you have reviewed this health plan for your student and the health plan is correct and/or you have made the appropriate changes on this form to make the plan correct.

Parent signature:

Date:

Procedure for administration of Epinephrine Auto Injector or Generic Epinephrine

You can give the injected through clothes or on bare skin

1. Take the epinephrine auto-injector out of its package
2. Remove the safety cap (blue end for Epinephrine auto-injector, both ends for generic epinephrine)
3. Hold the auto-injector in your fist
4. Push the end with the needle (orange or red) firmly against the side of the student's thigh, about halfway between the hip and knee until click is felt
5. Hold for 3 seconds, massage area for 10 seconds
6. Call 911
7. Place injector in sharps container or give to emergency responders

Procedure for administration of Auvi-Q Auto Injector

You can give the injected through clothes or on bare skin

1. Pull Auvi-Q up from outer case
2. Pull red safety guard down and off of Auvi-Q
3. Place black end of Auvi-Q against the middle of the outer thigh, then push firmly until you hear a click and hiss sound, and hold in place for 2 seconds
4. Call 911
5. Place the injector in sharps container or give to emergency responders