Burrillville Middle School

AUTHORIZATION FOR MANAGEMENT OF AN ALLERGIC REACTION

This order is valid only for the current school year . 2017 - 2018

Per R16-21-Scho:18.10.1 No school teacher, school administrator, school health care personnel, or any other school personnel shall be liable for civil damages which may result from acts or omissions in the use of the epinephrine auto-injector which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct. School personnel who have been trained in accordance with sections 18.2, 18.3, &/or 18.4 are authorized to administer the epinephrine auto-injector to an identified student. If trained school personnel are not available, any willing person may administer the epinephrine auto-injector to a medically identified student. None of the requirements of this section shall preclude the self-administration of an epinephrine auto-injector by a medically identified student.

1. Prescription medication must be in a container labeled by the pharmacist.
2. Over the counter medication must be in the original unopened container with the label intact.
3. The provider will be called if a question arises about the student and their medication.

HEALTH CARE PROVIDER AUTHORIZATION

Student Name:	Date of Birth:
Allergies:	Grade:

Type of Medication/Dosage/Route of Administration: Check appropriate box.

Benadryl (Diphenhydramine)	☐ 12.5 mg ☐ 25 mg ☐ 50mg	☐ Elixir po ☐ Tabs po ☐ Melts po
Epi-Pen	☐ 0.15 mg ☐ 0.3 mg	☐ IM
Other Med:	Dose:	Route:
Is student competent to self-carry Epi-pen?	☐ Yes	☐ No
Is student competent to self-administer Epi-pen?	☐ Yes	☐ No

If Benadryl and Epi-pen ordered: Check appropriate box.

☐ Give Benadryl and Epipen at the same time and call 911.

☐ Give Benadryl first, then if any s/sx of respiratory distress, chest tightness, audible wheezing, tongue swelling, give Epipen and call 911.

Medication is to be administered: Check appropriate box.

☐ Immediately after insect sting (bee, wasp, hornet, etc.)

☐ Immediately after the ingestion of (specify):_____

☐ Immediately after contact with (specify):_____

☐ Unknown Etiology:_____

Repeat Epipen dose in 15minutes if EMS has not arrived** ☐ Yes ☐ No

**For a repeat dose, parent must provide a second Epipen for school.

Possible Medication Side Effects: Epipen-palpitations, rapid heart rate, sweating, nausea, vomiting.
Benadryl- sedation, dizziness, hypotension.

Health Provider's Signature **Print last name**

X

Telephone: **Date:**

Parent/Guardian Authorization/Signature

I request designated personnel to administer the medication as prescribed by the health care provider above. I understand that the school is rendering a service, and I retain full responsibility for any effects resulting from the administration of said medication.

X **Date:**

HomePhone: **Cell:** **Work:**

Registered Nurse Authorization/Signature

X **Date:**

Emergency Plan in Place? ☐ Yes If not, explain