

MEDICAL FORM 4
EMERGENCY HEALTH CARE PLAN 2016-17
Four Rivers Charter Public School

MED-4

For students at high risk for severe allergic reaction to food or bee sting

Student's Name: _____ Grade _____
Allergy to: _____
Special Considerations: _____

Signs of an allergic reaction include:

Symptoms

Mouth	itching and swelling of the lips, tongue or mouth
Throat*	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	hives, itchy rash and/or swelling about the face or extremities
GI Tract	nausea, abdominal cramps, vomiting and/or diarrhea
Lungs*	shortness of breath, repetitive coughing and/or wheezing
Heart*	"thready" pulse, "passing out"

The severity of the above symptoms can quickly change.

*These symptoms can potentially progress to a life-threatening situation!

Action:

1. For signs of a severe allergic reaction, GIVE _____
(medication/dose/route)
immediately, followed by _____ if needed.

Ordering physician signature _____ Date _____

2. CALL Rescue Squad 911 if Epi-pen given.

3. CALL parent/Guardian _____ Phone _____

I consent to have the school nurse or school personnel designated by the School Nurse administer the medication prescribed by:

_____ to _____
Licensed Prescriber Student's Name

For students with inhalers, please provide the school with a spare inhaler to keep in the nurse's office. For students requiring an Epi-pen for allergic reactions, please provide an Epi-pen labeled with your child's name to keep in the nurse's office.

I plan to keep an updated Epi-pen in my child's backpack at all times: ____ yes ____ no

I give permission to the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.

I understand I may retrieve the medication from the school at any time: *however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.*

Parent/Guardian Signature: _____ Date: _____

Relationship to student: _____

Emergency telephone numbers: 1) _____ 2) _____