

EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT

ADMINISTRATION OF ANAPHYLAXIS MEDICATION

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Campus \_\_\_\_\_ ID# \_\_\_\_\_

Physician Statement:

The above named student has Anaphylaxis
This student's Anaphylaxis is triggered by \_\_\_\_\_

(If the allergy trigger is a food allergy, please provide a special diet order for school)

Name of Medication, dose and purpose: \_\_\_\_\_

Administer the medication when the following circumstances and signs & symptoms occur:

911 Emergency System will be activated

If signs / symptoms do not resolve within \_\_\_\_\_minutes, administer a second dose if available.

I have instructed \_\_\_\_\_ on the proper way to use his/her anaphylaxis medication. It is my professional opinion that this student should be allowed to carry and administer this medication by him/herself at school or school events.

It is my professional opinion that this student should NOT be allowed to carry and administer his/her anaphylaxis medication by him/herself at school or school events.

This order is valid for \_\_\_\_\_the current school year \_\_\_\_\_ Other \_\_\_\_\_

Physician \_\_\_\_\_ Date \_\_\_\_\_

PARENT / GUARDIAN STATEMENT

As parent / guardian of \_\_\_\_\_, I give school personnel permission to:

Administer the anaphylaxis medication to my son/daughter as prescribed by his/her physician above or attached order.

Allow my son/daughter to carry and self administer the anaphylaxis medication as instructed by his/her physician above or attached order. If my son / daughter is not able to, I also give school personnel permission to administer the medication as prescribed.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

It is the policy of the Edinburg CISD not to discriminate on the basis of sex, age, handicap, religion, race, color or national origin in its educational programs.

Es política del Distrito Escolar de Edinburg el no discriminar por razones con base en sexo, edad, religión, raza, color, origen nacional, ni por discapacidad dentro de sus programas educacionales.