

FOOD ALLERGY TREATMENT PLAN FOR SCHOOL AND FIELD TRIPS AND PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

Connecticut State Law and Regulations 10-212(a) require a written medication order by an authorized prescriber (physician, dentist, advanced practice registered nurse, or physician's assistant) and parent/guardian written authorization for the school nurse (or in the absence of the nurse, a designated principal or teacher) to administer medication. Medications must be in the original properly labeled container dispensed by the physician/pharmacist. Over the counter medications must be in the original, unopened container.

Name: _____ M F Date of Birth: _____
Last First Middle

Street Address: _____

City, State and Zip: _____ Primary Phone: _____

Primary Care Provider (PCP): _____ PCP Phone: _____

ASTHMA: Yes No **FOOD ALLERGY (specify):** _____

IF STUDENT INGESTS OR THINKS THEY MAY HAVE INGESTED THE ABOVE-NAMED FOOD:

Administer **adrenaline** before symptoms occur, IM: EpiPen Jr. Adult Tinject Jr. Sr.

Administer **adrenaline** if symptoms occur, IM: EpiPen Jr. Adult Tinject Jr. Sr.

Administer **Benadryl** (specify dosage): _____

Administer (**specify medication and dosage**): _____

If symptoms occur, call 911, transport to ER for further evaluation, treatment, and observation.

PLEASE NOTE: Anaphylactic reaction can occur up to 2 hours following ingestion of a food allergen.

Medication shall be administered during current school year only. (2022-23)

Is this a controlled drug? Yes No Time of administration: _____

Relevant side effects, if any, to be observed: _____

Physician Signature: _____ Today's Date: _____

SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with Board policy.

Prescriber's Authorization for self-administration: _____ Date: _____

Parent Authorization for self-administration: _____ Date: _____

School Nurse approval for self-administration: _____ Date: _____

The severity of symptoms can change quickly. All symptoms of anaphylaxis can potentially progress to a life-threatening situation! Symptoms can include chest tightness, shortness of breath, wheezing, tightness in throat, difficulty swallowing, hoarseness, swelling of lips/tongue/throat, itchy mouth, itchy skin, hives or swelling, stomach cramps, vomiting, diarrhea, dizziness, faintness.

I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE ABOVE INFORMATION: _____

Parent/Guardian Signature