

INDIVIDUAL CONSIDERATIONS

Bus –Transportation should be alerted to student’s allergy.

- This student carries EpiPen® on the bus: Yes No
- EpiPen® can be found in: Backpack Waistpack On Person Other (specify) _____
- Student will sit at front of the bus: Yes No
- Other (specify): _____

FIELD TRIP PROCEDURES – EpiPen® should accompany student during any off campus activities.

- Student should remain with the teacher or parent/guardian during the entire field trip: Yes No
- Staff members on trip must be trained regarding EpiPen® use and student health care plan (plan must be taken).
- Other (specify) _____

CLASSROOM –For Food allergy only

- Student is allowed to eat only the following foods: _____
- Those in manufacturer’s packaging with ingredients listed and determined allergen-safe by the nurse/parent or _____.
- Those approved by parent.
- Middle school or high school student will be making his/her own decision.
- Alternative snacks will be provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
- Student should have someone accompany him/her in the hallways. Yes No
- Other (specify): _____

CAFETERIA **NO Restrictions**

- Student will sit at a specified allergy table.
- Student will sit at the classroom table cleansed according to procedure guidelines prior to student’s arrival and following student’s departure.
- Student will sit at the classroom table at a specified location.
- Cafeteria manager and hostess should be alerted to the student’s allergy.
- Other: _____

EMERGENCY CONTACTS

1.	Relationship:	Phone:
2.	Relationship:	Phone:
3.	Relationship:	Phone:
4.	Relationship:	Phone:

- I request this medication to be given as ordered by the licensed health care provider.
- I give Health Services Staff permission to communicate with the medical office about this medication. I understand the medication(s) will not necessarily be given by a school nurse (designated staff will be trained and supervised).
- Medical/Medication information may be shared with school staff working with my child and 911 staff, if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the licensed health care provider.
- I request and authorize my child to carry and/or self-administer their medication. Yes No
- This permission to possess and self-administer an EpiPen® may be revoked by the principal/school nurse if it is determined that your child is not safely and effectively able to self-administer.

Parent/Guardian Signature: _____ Date: _____

RN Signature: _____ Date: _____

Student demonstrated to the nurse the skill necessary to use the medication and any device necessary to self-administer the medication.
Device(s) if any, used: _____ Expiration date(s): _____

School Nurse Signature

Date

A copy of the Health Care Plan will be kept in the substitute folder and given to all staff members who are involved with the student.