

Lynden School District No. 504

**EMERGENCY PLAN FOR BEE STINGS AND ALLERGY / ANAPHYLAXIS (Secondary to Food Allergy)**

Permission to Administer Emergency Medication for a Life Threatening Condition

Student:	Birthdate:	Physician:
School:	Teacher	Physician Phone:

Student will be carrying an Epi-Pen on their person, authorized to self-administer:  Yes  No

<b>MEDICATION ORDERS</b>		
EpiPen® (0.3) <input type="checkbox"/>	EpiPen Jr.® (0.15) <input type="checkbox"/>	Side Effects <input type="checkbox"/>
Repeat dose of EpiPen®:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," when <input type="checkbox"/>
Antihistamine:	<input type="checkbox"/> cc/mg Give: <input type="checkbox"/> Teaspoons <input type="checkbox"/>	Tablets by Mouth <input type="checkbox"/>
Side Effects:		
It is medically necessary for this student to carry an EpiPen® during school hours. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Student may self-administer EpiPen®. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Student has demonstrated use to LHCP Yes <input type="checkbox"/> No <input type="checkbox"/>		
Physician Signature	Date	
Physician Name	Phone	FAX:

**THIS PORTION OF FORM IS TO BE COMPLETED BY THE PARENT GUARDIAN**

I certify that I am the parent, legal guardian, or other person in legal control of the identified student above. I have read this form, the Lynden School District Board Policy 3416 & 3416P and request/authorize the school to administer the medication prescribed.

I understand that the medication must be furnished in an original container from the pharmacy with the student's name, the name of medication, and the amount to be given. Non-prescription medication must be furnished in the original container from the manufacturer. All medication must be in a form ready to be administered and must not require any preparation by building staff.

I understand that it is the parent's responsibility to deliver and maintain an adequate supply (not more than one month supply) of the medication at school.

**The child or school bus driver may NOT deliver the medicine. Medication delivered by child or bus driver will NOT be dispensed.**

I understand that my signature indicates that the school accepts no liability for adverse reactions when the medication is administered in accordance with the physician's directions. I also understand that because of the school's schedule and the other responsibilities of school staff members, there may be occasions in which a dosage may be delayed or missed. If there is any medication left at the end of the school year, it will be destroyed if I do not pick it up within 5 working days after school is out.

I understand that as a general rule, the district will not administer prescribed oral medication during field trips. I understand that in those instances where medication must be administered, I am to make arrangements at least 24 hours prior to the field trip.

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

\_\_\_\_\_  
Home Phone / Cell Phone Work Telephone Number