

**FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT
AUTHORIZATION FOR MANAGEMENT OF ANAPHYLAXIS**

This order is valid only for the current school year _____ (Including Summer Session)

Epinephrine auto-injectors are usually administered by school health staff. In the event that health staff is unavailable, the epinephrine auto-injector will be administered by an FCPS employee. These employees are trained by a registered nurse to give the injection.

911 will be called while the student, health staff or school staff administers the epinephrine.

Carefully review the reverse side of this form before completion.

Name: _____	Date of Birth: _____	Grade: _____
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HEALTH CARE PROVIDER AUTHORIZATION

Administer Epinephrine for exposure to the following Allergen(s):

- insect bite/sting: _____ ingestion of: _____ contact with: _____
- inhalation of: _____ unknown etiology (specify signs/symptoms): _____

When to administer Epinephrine:

- Administer Epinephrine immediately. Do not wait for signs or symptoms.

.OR

- Administer Epinephrine if **1 or more of the following signs/symptoms is seen:**

NOTE: Parent/guardian will be notified to pick up student if exposure has occurred without symptoms.

LUNG: *difficulty breathing, repetitive/hacking cough, audible wheezing*

HEART: *pale or bluish skin, faintness, dizziness*

THROAT: *itching and/or tightness of throat, difficulty swallowing*

MOUTH/FACE: *swelling and/or tingling of lips, tongue, mouth; swelling of eyes*

SKIN: *many hives over the body*

GUT: *diarrhea, vomiting, severe stomach pain and/or cramping*

A second dose of epinephrine will be administered in 5-10 minutes if EMS has not arrived and symptoms continue without improvement, worsen, or resolve/ lessen and then return.

****NOTE: Parent/guardian must provide a second dose of epinephrine.**

Epinephrine Dosage Ordered:

Epinephrine Auto Injector (single dose injector only)	<input type="checkbox"/> 0.15 mg	IM
	<input type="checkbox"/> 0.3 mg	IM
<input type="checkbox"/> Student is competent to self-carry an Epinephrine Auto-injector	<input type="checkbox"/> Student is competent to self-administer an Epinephrine Auto-injector	

Possible Epinephrine Side Effects:

palpitations, rapid heart rate, sweating, nausea and vomiting.

OTHER:

Health Care Provider's Name/Title: (please print)

Phone:

Fax:

Address:

Health Care Provider stamp

Health Care Provider's Signature:

Date:

PARENT/GUARDIAN AUTHORIZATION

I request designated personnel to administer the medication as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of medication at school and understand that the health care provider will be contacted if questions arise regarding the student's medication order.

Primary Contact Phone: _____

2nd Phone: _____

Parent/Guardian Signature:

Date:

SCHOOL REGISTERED NURSE REVIEW/AUTHORIZATION

- | | |
|--|---|
| <input type="checkbox"/> Student is competent to self-carry an Epinephrine Auto-injector | <input type="checkbox"/> Student is competent to self-administer an Epinephrine Auto-injector |
|--|---|

Registered Nurse Signature:

Date:

IMPORTANT INFORMATION
For Parents/Guardians and Health Care
Providers

An acute allergic reaction can be a life-threatening situation. Epinephrine is an emergency medication that can be used in the event of a life-threatening situation. Completion of this form is vital so that epinephrine can be administered, and emergency care implemented.

1. Medications:

For the safety of all students and staff, only single dose auto-injectors will be accepted to reduce the potential for unintentional injury from needle sticks.

- a. Prescription medication(s) must be in a container labeled by the pharmacist with the student's name, prescriber's name, name of medication, dosage, route of administration, directions for administration, conditions for storage, prescription date and expiration date. *Maryland law allows prescription medication to be used only for 1 year beyond date of issue or until expiration date indicated on the medication—whichever comes first.*
2. Parent/guardian responsibilities:
- a. Provide a new medication prior to the expiration date on the pharmacy label.
 - b. Provide the medication(s) for the duration of the order.
 - c. Bring the medication to school. FCPS regulation 400-23 states that students are not permitted to transport medications, unless authorized by the Healthcare Provider and school registered nurse to self-carry.
 - d. Retrieve any unused or discontinued medication(s). No medications will be sent home with students.
3. Student Self-Carry and/or Self-Administer Epinephrine Auto-Injector:
- a. The health care provider and school registered nurse must indicate whether the student is competent to self-administer and/or self-carry, if needed.
 - b. If the student is determined to be capable of and responsible for self-administration, the principal and school registered nurse shall establish procedures for self-administration of medication by the student. The capability is to be determined collectively by the principal, school registered nurse, parent/guardian and child's health care provider. The principal may revoke the authority of a student to self-administer medication if the student endangers himself or herself or another student through misuse of the medication.
 - c. If competent to self-carry and/or self-administer, the registered nurse will work with the student and parent/guardian to develop a Plan for Medication/Treatment Management Outside the Health Room.
4. The school registered nurse must review and approve these forms prior to administration.