MEDICAL AUTHORIZATION FOR SEVERE ALLERGY MANAGEMENT AT SCHOOL OTHELLO SCHOOL DISTRICT, School: _____

provider instructions. I understand that this information will be shared with school staff on a "need to know" basis. You hope be entirement on personal designation, le administer emidicament medical de source on a sisturciones del medico. Yo entirecto que cualquier información de case formulario sará comunicada a) personal escator que necestivo ester informado. I give permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission fron my child to carry this medication. Doy permission for my child to carry this medication. Doy permission for my child to carry this medication. Doy permission for my child to carry this medication. Doy permission for my child to carry this medication. Doy permission for my child to self-administer this medication. Doy permission for my child to self-administer this medication. Doy permission for my child to self-administer this medication. Doy permission for my child to self-administer this medication. Doy permission for my child to self-administer this medication. Doy permission for my child to self-administer this medication. Doy permission for my child to self-administer this medicat			Contact Numbers: 509-488-3351 EXT 2029 and 2015		CT	
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Student has severe allergy to: Describe symptoms in previous reactions: Student also has asthma?		Signatura/Firma	Date/Fecha Phone #1 Números de teléfonos	Phone #2		
Student also has asthma?		LICENSED HEALTH (CARE PROVIDER TO COMPLETE SECTION	BELOW		
Treatment for Exposure to Allergen/Suspected Exposure OR Serious Symptoms Exposure/Suspected Exposure OR Serious Symptoms		<u> </u>				
Treatment for Exposure to Allergen/Suspected Exposure OR Serious Symptoms Exposure/Suspected Exposure OR Serious Symptoms: Hives or swelling in areas other than allergen contact area I blining, swelling of lips, tongue, throat, or mouth Sense of tightness in throat, hoarseness Significant shortness of breath, repetitive coughing, wheezing Nausea, cramps, vomiting, and/or diarrhea Lightheadedness; dizziness; passing out OPTIONAL: This student has an additional mild allergy to: Treatment for No Known or Suspected Exposure to Life-Threatening Allergen and ONLY A few localized hives. Common side effects of antihistamine include drowsiness, dry mouth and constipation. This student may carry this emergency medication at school and on the bus This student may carry this emergency medication at school and on the bus This student is trained and capable to self-administer this emergency medication. Gall Pill Symptoms continue, repeat Epinephrine after 5 - 10 minutes. (If repeat dose ordered, please provide school with 2 ^{nul} dose.) Optional: Specify medication: Specify medication was given and tolify parent/guardian of the support for an allergic reaction and notify parent/guardian to pick up student for observation Notify parent/guardian to pick up student for observation Notify parent/guardian to pick up student for observation or provide school with 2 ^{nul} dose.) Notify parent/guardian that antihistamine was given and to pick student up for further observation. If any serious symptom develops, give Epinephrine as instructed bove. This student may carry this emergency medication at school and on the bus yes No No No No No No No N						
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Exposure/Suspected Exposure OR Serious Symptoms: Hives or swelling in areas other than allergen contact area Itching, swelling of lips, tongue, throat, or mouth Sense of tightness in throat, hoarseness Significant shortness of breath, repetitive coughing, wheezing Nausea, cramps, vomiting, and/or diarrhea Lightheadedness; dizziness; passing out After giving epinephrine, givemg antihistamine specify medication: Note time medication was given CPTIONAL: This student has an additional mild allergy to: Treatment for No Known or Suspected Exposure to Life-Threatening Allergen and ONLY A few localized hives. Common side effects of antihistamine include drowsiness, dry mouth and constipation. This student may carry this emergency medication at school and on the bus This student is trained and capable to self-administer this emergency medication. In Give Epinephrine IM Immediately (side effects: ☐ HR, nervousness) Epinephrine auto-injector: ☐ 0.15mg OR ☐ 0.3mg If symptoms continue, repeat Epinephrine after 5 - 10 minutes. ([f'repeat dose ordered, please provide school with 2 nd dose.) Optional: After giving epinephrine, givemg antihistamine specify medication: Note time medication was given 3. Call 911, ask for Advanced Life Support for an allergic reaction 4. Call School Nurse (if available) and notify parent/guardian 5. Remain with student until EMS arrives. Student should be lying dow OPTIONAL: This student has an additional mild allergy to: Treatment for No Known or Suspected Exposure to Life-Threatening Allergen WITH ONLY Mild Symptoms No Known or Suspected Exposure to Life-Threatening Allergen and ONLY A few localized hives. 2. Notify parent/guardian that antihistamine was given and to pick student up for further observation. If any serious symptom develops, give Epinephrine as instructed above. This student may carry this emergency medication at school and on the bus This student is trained and capable to self-administer this emergency medication. Printed LHCP Name		Treatment for Evnosure to Alle		ous Symptom	ıe	
OR Serious Symptoms: • Hives or swelling in areas other than allergen contact area • Itching, swelling of lips, tongue, throat, or mouth • Sense of tightness in throat, hoarseness • Significant shortness of breath, repetitive coughing, wheezing • Nausea, cramps, vomiting, and/or diarrhea • Lightheadedness; dizziness; passing out OPTIONAL: This student has an additional mild allergy to: Treatment for No Known or Suspected Exposure to Life-Threatening Allergen and ONLY A few localized hives. Common side effects of antihistamine include drowsiness, dry mouth and constipation. This student may carry this emergency medication at school and on the bus This student may carry this emergency medication of current school year (which includes summer school). Epinephrine auto-injector: □ 0.15mg OR □ 0.3mg □ If symptoms continue, repeat Epinephrine after 5 - 10 minutes. (If repeat dose ordered, please provide school with 2 nd dose.) Optional: □ After giving epinephrine, givemg antihistamine specify medication: □. ○ Note time medication was given 3. Call 911, ask for Advanced Life Support for an allergic reaction 4. Call School Nurse (if available) and notify parent/guardian 5. Remain with student until EMS arrives. Student should be lying dow OPTIONAL: This student has an additional mild allergy to: Treatment for No Known or Suspected Exposure to Life-Threatening Allergen WITH ONLY Mild Symptoms No Known or Suspected Exposure to Life-Threatening Allergen WITH ONLY Mild Symptoms □ Notify parent/guardian to pick up student for observation or generally guardian that antihistamine was given and to pick student up for further observation. □ If any serious symptom develops, give Epinephrine as instruction above. This student may carry this emergency medication at school and on the bus □ Yes □ No Medication order is valid for duration of current school year (which includes summer school).	Expo					
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