

Date: _____

**Medical Authorization for Severe Allergic Reaction For
School Year: _____**

Student's Name: _____ DOB: _____

TO BE COMPLETED BY PHYSICIAN:

If stung by _____
After ingesting _____
After exposure to _____

1. Immediately give _____ whether or not symptoms are present.

(medication/dose/route)

2. (OR) Observe student for up to 30 minutes and only give

(medication/dose/route)

if the following symptoms occur:

____ MOUTH: itching and/or swelling of lips, tongue, or mouth.

____ THROAT: itching and/or sense of tightness in throat, hoarseness, hacking cough, and/or difficulty swallowing.

____ SKIN: itching, hives, rash, and/or swelling in any area of body.

____ ABDOMEN: nausea, abdominal cramps, vomiting, and/or diarrhea.

____ LUNG: shortness of breath, sense of tightness in chest, repetitive coughing, and/or wheezing

____ HEART: rapid weak pulse, dizziness and/or fainting

____ OTHER: _____

Student has had a documented episode of anaphylaxis: _____ Yes _____ No

If Epinephrine auto-inject is prescribed, check one:

____ Student is **not** capable of self-administration.

____ Student **is** capable of self-administration and has been instructed in its use and may carry Epinephrine auto-injector with him.

If Epinephrine is given, EMS will be immediately contacted.

Physician's Signature

Date

Please print or stamp:

Physician's Name: _____

Address: _____

Phone: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I request that my child be given the medication described in the manner above at school by the school nurse. Only if authorized by the doctor, I request my child be permitted to carry an Epinephrine auto-injector and self-medicate when necessary. If carried on his person, I will be cognizant of the expiration date and renew the injector when needed. I relieve Saint Dominic Academy and its employees of any liability which may result from the administration of the above medication to my child or from self-administration when certified by the physician.

Parent/Guardian Signature

Date

Home Phone

Emergency Phone