Arizona Autism Charter School
Request for Medical Documentation – Allergy and Anaphylaxis

Student’s Name:
Student ID:

Date:

Dear Parent/Guardian,

Attached are forms for your student for the upcoming school year. New forms are required each school year. The forms attached are:

1. Allergy History form, to be filled out by the parent
2. FARE Care Plan, to be filled out by parent and licensed health care provider
3. Consent for Medication Administration Form, to be filled out by parent and licensed health care provider

If you would like to request a meeting with the nurse regarding your student’s health care needs, please let me know and we can arrange a meeting.

Please complete the Medication Administration Form. Students are allowed to carry emergency anaphylaxis medications in school, if the licensed health care provider and parent deems them capable of doing so. These medications can also be kept in the health office.

All completed paperwork and supplies needed to care for your student must be brought to school prior to your student’s first day.

Feel free to contact your school health office with any questions.

Thank you,

Jessica Mangieri, RN, BSN
AZACS School Nurse
Arizona Autism Charter School
ALLERGY HISTORY

Student Name ___________________________ DOB __________________
ID Number ___________________________ Date __________________

TYPE OF ALLERGY
Check the box next to any allergy your student has experienced and list name/s as requested.

☐ Medication student is allergic to
☐ Name of specific food

☐ Environmental allergens dust, mites, mold, pets, etc.
☐ Insect bites/stings

SYMPTOMS OF ALLERGY
Check the box next to any symptoms your student has experienced.

☐ Hives
☐ Swelling of ___________________________
☐ Difficulty in breathing - wheezing
☐ Difficulty swallowing

☐ Shock
☐ Fainting - dizziness
☐ Other (describe) ___________________________

1. Has your student seen a doctor for any of the allergies indicated above? ☐ Yes ☐ No

2. Has your student ever been hospitalized for any allergic event? ☐ Yes ☐ No
   No Describe ___________________________

3. Is medication required immediately after exposure to any allergy producing substance? ☐ Yes ☐ No
   If Yes, name of medication ___________________________

   If the medication is to be carried by the student, it must be noted in the health office. If the medication is to be kept in the health office, a Consent for Medication form must be on file.

4. If no medication is necessary, how should the school treat the allergic event?
   Careful observation ☐ Yes ☐ No
   Call parent/guardian ☐ Yes ☐ No

Are any classroom accommodations needed?

______________________________
Parent/Guardian Name (Print) ___________________________ Phone No. ________

______________________________
Parent/Guardian Signature ___________________________ Date __________________
FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

**LUNG**
Short of breath, wheezing, repetitive cough

**HEART**
Pale, blue, faint, weak pulse, dizzy

**THROAT**
Tight, hoarse, trouble breathing/swallowing

**MOUTH**
Significant swelling of the tongue and/or lips

**SKIN**
Many hives over body, widespread redness

**GUT**
Repetitive vomiting or severe diarrhea

**OTHER**
Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION of mild or severe symptoms from different body areas.**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.**

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Request ambulance with epinephrine.
   - Consider giving additional medications (following or with the epinephrine):
     - Antihistamine
     - Inhaler (bronchodilator) if asthma
   - Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
   - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
   - Alert emergency contacts.
   - Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

**NOSE**
Itchy/runny nose, sneezing

**MOUTH**
Itchy mouth

**SKIN**
A few hives, mild itch

**GUT**
Mild nausea/discomfort

1. **GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

**MEDICATIONS/DOSES**

Epinephrine Brand: ____________________________

Epinephrine Dose: [ ] 0.15 mg IM  [ ] 0.3 mg IM

Antihistamine Brand or Generic: ____________________________

Antihistamine Dose: ____________________________

Other (e.g., inhaler-bronchodilator if asthmatic): ____________________________
EPINEPHRINE AUTO-INJECTOR DIRECTIONS
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

AUVI-Q (EPINEPHRINE INJECTION, USP) DIRECTIONS
1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

ADRENACLICK/ADRENACLICK GENERIC DIRECTIONS
1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

REScue SQUAD:

DOCTOR:

PARENT/GUARDIAN:

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP:

PHONE:

NAME/RELATIONSHIP:

PHONE:

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 8/2013
Medication Administration in School

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Date of Birth:</th>
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<tr>
<th>Name of Medication:</th>
<th>Dosage:</th>
<th>Time:</th>
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I request that authorized school staff give my child the medication noted above, according to the Health Care Provider's signed instruction on the lower part of this form.

The School agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by staff.

**Prescription Medications:** must come in a container labeled with child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

**Over the Counter Medication:** must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the school staff delegated to administer medication.

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<tr>
<th>Parent/Legal Guardian Name</th>
<th>Signature</th>
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<th>Work Phone</th>
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Health Care Provider Authorization to Administer Medication in School

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<tr>
<th>Child's Name:</th>
<th>DOB:</th>
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<th>Medication:</th>
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<tr>
<th>Dosage:</th>
<th>Route:</th>
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To be given at the following time(s):

**Special Instructions:**

**Purpose of medication:**

Side effects that need to be reported:

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<th>Start Date:</th>
<th>End Date:</th>
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<tr>
<th>Signature of Health Care Provider with Prescriptive Authority</th>
<th>License Number</th>
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**Please ask the pharmacist for a separate medicine bottle to keep at school. Thank you!**