

Tiverton School Department
SEVERE ALLERGY PROCEDURE

Student Name: _____ **DOB:** _____

Specific Allergy : _____

Has this student had prior anaphylactic reaction? _____ Date: _____

Reaction and treatment _____

The following procedure will be followed for an allergic reaction:

Please circle yes or no.

YES NO Give Benadryl _____ dose; Observe for allergic symptoms then give EPIPEN _____ dose.

YES NO Give EPIPEN _____ dose **immediately** upon exposure.

Additional Orders

(Note: Students treated with an EPIPEN will be transported via rescue to the ER for medical evaluation.)

Self-carry/self-administer in the school setting:

Please circle the appropriate response below:

- Do you authorize this child to self-carry the above ordered medication in the school setting?
(Excludes elementary grade students). YES NO
- Do you authorize this child to self-administer the above medication in the school setting? YES NO

Field trip information:

- On an off-site school-sponsored activity without a nurse present, this student may self-carry the above medication? (Excludes elementary grade students) YES NO
- On an off-site school-sponsored activity without a nurse present, this student may self-administer the above ordered medication? YES NO
- The above medication may be omitted. YES NO

Print Physician Name _____

Physician Signature _____

Address _____ **Date** _____