



Severe Allergy Reaction Medication Authorization Form

Including reactions to bee sting/insect bite allergies, food allergies, and/or other allergies

Student's Name: _____ D.O.B: _____ Grade: _____

School Year: _____ School (circle one): Clay Lamberton Elementary Berlin Middle Berlin High

To the Health Care Provider—please complete the following:

This student has a severe allergy to: _____.

If this student has been exposed to this allergen, please refer to the following protocol:

- _____ If the student develops a rash, swelling of face and/or neck, difficulty breathing, sweating, complaints of dizziness, a fast pulse, and/or difficulty with speech, give Epinephrine (see below) and call 911. Also, when able, notify the parents, school principal, and school nurse.

Epinephrine¹ dose (check dose and if may be repeated):

- _____ 0.15 mg Epinephrine Junior (weight 66 # or less)
- _____ 0.30 mg Epinephrine Adult (weight more than 66#)
- _____ Repeat Epinephrine _____ mg in _____ minutes if symptoms persist and ambulance has not yet arrived.
- _____ Also give Benadryl (diphenhydramine) or other antihistamine as indicated below:

Dose of Diphenhydramine (Benadryl)--check preferred dose or write in preferred antihistamine and dose

- _____ 12.5 mg (one teaspoon liquid or chewable {or fast melt} equivalent)
- _____ 25 mg (one adult capsule or two teaspoons liquid or two chewable equivalent)
- _____ 37.5 mg (three teaspoons liquid or three chewable equivalent)
- _____ 50 mg (two adult capsules or four teaspoons liquid or chewable equivalent)

_____ Other antihistamine and dose: _____

¹Parents/guardians must provide the Epinephrine with a correct pharmaceutical label with student's name, prescriber name, dose, route, and instructions. They should also provide selected antihistamine. It is important your child has his/her own epinephrine for field trips and overnight trips.

Physician Signature: _____ Date: _____

Address: _____ Phone: _____

~Parent signature gives BASD representative permission to follow both the above instructions and to communicate with the student's health care provider about the student's allergy status in the event of any concerns and/or questions with treatment and reaction.

Parent Signature: _____ Date: _____