



Parents must complete and submit the ALLERGY ACTION PLAN in order to authorize Lexington Christian Academy (LCA) personnel. Parents must update the form prior to each year the student is attending LCA. For your reference, LCA's Medical Guidelines can be found on the back of the Allergy Action Plan.

STUDENT | PARENT/GUARDIAN INFORMATION

Name: _____ Date of Birth: _____ Grade Level: _____
Parents/Guardians Names: _____ Cell Phone (mom): _____ Cell Phone (dad): _____
Emergency Contact: _____ Cell Phone: _____

MEDICAL INFORMATION (TO BE COMPLETED BY PHYSICIAN)

ALLERGIC TO: _____
ASTHMA: ___ YES ___ NO NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.
Extremely reactive to the following allergens: _____
THEREFORE: ___ If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
___ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms appear.

MEDICATIONS

Epinephrine Brand or Generic: _____ Epinephrine Dose: ___ 0.15 mg IM ___ 0.3 mg IM Other (e.g., inhaler-bronchodilator if wheezing): _____
Antihistamine Brand or Generic: _____ Antihistamine Dose: _____

___ IF CHECKED STUDENT WILL SELF-CARRY EPI PEN. This student is capable and has been instructed in the proper method of self-administering medications named above. All students are encouraged to provide an additional EpiPen to the school nurse.

FOR ANY OR A COMBINATION OF THE FOLLOWING SEVERE SYMPTOMS:

Icons for LUNG, HEART, THROAT, MOUTH, SKIN, GUT, OTHER with corresponding symptoms listed below each icon.

- 1. INJECT EPINEPHRINE IMMEDIATELY.
2. CALL 911. Tell emergency dispatcher the person is having anaphylaxis and may need Epinephrine when emergency responders arrive.
*Consider giving additional medications following epinephrine: Antihistamine OR inhaler (bronchodilator) if wheezing
*Lay the person flat, raise legs, and keep warm. If breathing is difficulty 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 five (5) minutes or more after the last dose.
*Alert parent/guardian and/or emergency contacts.
*Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least four (4) hours because symptoms may return.

FOR ANY OR A COMBINATION OF THE FOLLOWING MILD SYMPTOMS:

Icons for NOSE, MOUTH, SKIN, GUT with corresponding symptoms listed below each icon.

For MILD SYMPTOMS from more than one symptom area: give epinephrine.
For MILD SYMPTOMS from A SINGLE SYMPTOM area, follow the directions below:
1) Antihistamines may be given, if ordered by a health care provider.
2) Stay with the person; alert emergency contacts.
3) Watch closely for changes. If symptoms worsen, given epinephrine.

Physician's Name: _____ Physician's Signature: _____ Date: _____

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY MAY, 27 2022. THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.

MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances where the student's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. (Medication prescribed three times per day can be given before school, after school, and at bedtime.) If a new medication is started, the first dose must be given at home, unless it is a rescue medication.



The school will adhere to the following guidelines as it pertains to medication:

1) Administration of prescription medication by school personnel must only be done according to the written order of a physician / licensed prescriber and written authorization of parent / guardian and Licensed School Nurse, regardless of the student's age.

- Mixed dosages in a single container will not be accepted for administration at school.
- If a half tablet is required for a correct dosage, it is the parent's / guardian's responsibility to provide pre-cut tablets for administration at school.
- Altered forms of medication will not be accepted or administered at school.
- Narcotics / medical cannabis will not be administered at school.
- Aspirin-containing products will not be administered at school.
- Only FDA approved treatments will be provided at school.

2) All medication (prescription and non-prescription) must be brought to and from school by a parent / guardian in its original container. The following information must be on the prescribed container label:

- Student's full name
- Name and dosage of medication
- Time and directions for administration at school
- Physician / licensed prescriber's name
- Date (must be current)

3) New consent forms with licensed health care provider and parent / guardian signatures must be received each school year.

4) A new medication consent form is required when the medication dosage or time of administration is changed.

5) When a long term daily medication is stopped, a written physician / licensed prescriber's order is requested.

6) Medication will be kept in a locked cabinet in the Nurse's Office unless authorized by the Licensed School Nurse, and must not be carried by the student.