



A parent/guardian and the student's primary care physician (PCP) must complete this form in order to authorize Lexington Christian Academy (LCA) personnel to treat the student. 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 Epinephrine & Allergy Plan.

### STUDENT & PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

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.**

Anaphylaxis reaction to : \_\_\_\_\_

**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: \_\_\_\_\_

Inhaler-bronchodilator: \_\_\_\_\_ Inhaler-bronchodilator 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 LCA.

Location of back-up EpiPen: \_\_\_\_\_



**Epinephrine will be administered for any or a combination of the following severe symptoms:**



**LUNG**

Shortness of  
Breath, wheezing,  
Repetitive cough



**HEART**

Pale or bluish skin  
fainting, weak pulse,  
or dizziness



**THROAT**

Tight or hoarse throat,  
trouble breathing or  
swallowing



**MOUTH**

Significant  
Swelling of the  
tongue or lips



**SKIN**

Many hives over  
body, widespread  
redness



**GUT**

Repetitive vomiting  
severe diarrhea



**OTHER**

Feeling something  
bad is about to  
happen, anxiety,  
or confusion

**1. INJECT EPINEPHRINE IMMEDIATELY.**

**2. CALL 911.** Tell emergency dispatcher the person is having anaphylaxis and may need Epinephrine when emergency responders arrive.

\*If ordered above, administer Antihistamine OR inhaler (bronchodilator) if student is wheezing

\*Lay the student 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, administer a 2nd dose of epinephrine about 5 minutes or more after the last dose.

\*Contact parent/guardian and/or emergency contacts.

\*Transport student by EMS to the nearest Emergency Room or dismiss student to parent so that they can be taken home.

**For any or a combination of the following mild symptoms:**



**NOSE**

Itchy or runny  
nose



**MOUTH**

Itchy  
mouth



**SKIN**

A few hives  
mild itch



**GUT**

Mild nausea  
or discomfort

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.
- 4) Contact EMS if Epinephrine has been administered.

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY **JUNE 2, 2023**. 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 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. (No essential oils)

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 from a 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.