

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION 9009.04 – F
ALLERGY CARE PLAN / PRESCRIBED EPINEPHRINE**

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Student Name: _____ **DOB:** _____ **School Year:** _____ **Grade/School/Teacher:** _____

ALLERGIC TO: _____ **Epinephrine Expiration** _____

<p>1. PEANUT/TREE-NUT FREE TABLE FOR MEALS? [] YES [] NO</p> <p>2. HISTORY OF ANAPHYLAXIS? [] yes* [] no *if yes, High Risk for severe reaction</p> <p>Date of last anaphylactic reaction: _____</p> <p>3. HISTORY OF ASTHMA? [] yes* [] no *if yes, High Risk for severe reaction</p>	<p>6. PHYSICIAN DIRECTIVE: SUSPECTED CONTACT OR INGESTION</p> <p>1.) Administer the following antihistamine as ordered: (PLEASE PRINT) _____</p> <p>2.) Contact Parent: Student will be sent home for observation when emergency care plan is initiated. *Antihistamine Expiration Date: _____</p>
<p>4. LOCATION OF EPINEPHRINE:</p> <p>[] School Office/Health Room</p> <p>[] *Carried by student *Physician has instructed student in proper care, storage and use of this medication (KRS 158.834).</p> <p>[] Other: _____</p>	<p>7. PHYSICIAN DIRECTIVE: KNOWN INGESTION OR CONTACT</p> <p>1.) _____</p> <p>2.) If student has a known ingestion or contact, has a history of anaphylaxis or asthma and is exhibiting signs/symptoms of anaphylaxis, immediately give one dose of Epinephrine in upper, outer thigh and CALL 911. DO NOT hesitate to administer medication and CALL 911 if parent cannot be reached! The severity of symptoms can change quickly!</p>
<p>5. DOSAGE OF EPINEPHRINE:</p> <p>[] 0.15 MG</p> <p>[] 0.3 MG</p>	<p><u>OCBE HEALTH SERVICES CARE PLAN REVIEW:</u></p> <p>_____</p> <p>Registered Nurse Signature _____ Date _____</p>

<u>SIGNS OF AN ALLERGIC REACTION CAN CHANGE QUICKLY – AIRWAY IS #1 PRIORITY</u>	
THROAT:	Itching, tightness, hoarseness, coughing, change in voice, can only whisper, can't swallow, drooling, clearing of throat, look for redness
MOUTH:	Swelling or itching IN or around mouth, lips or tongue. LOOK inside mouth (w/food allergy)
LUNGS:	Complains of chest hurting, difficulty breathing or speaking, audible wheezing, weakness
SKIN:	Hives, itchy rash, swelling about the face or extremities
STOMACH:	Vomiting, Nausea, cramps, diarrhea, gas, can be up to 2 hours after ingestion.
NOSE:	Nasal irritation, sneezing, stuffy or runny nose
	OTHER: Restlessness, sweating, frightened, disoriented, emotional

***** **PHYSICIAN DIRECTIVE AND SIGNATURE** *****

Check one: [] Medication is to be kept in school office/health room [] *Medication is to be carried by the student
*I have instructed the above student in proper care, storage and use of this medication (KRS 158.834)

_____ Date _____ Phone _____ Fax _____

Physician Name and Signature (mandatory)

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EMERGENCY CONTACT INFORMATION:

It is the responsibility of the parent/guardian to provide current contact information that includes working phone numbers for parents, guardians and emergency contact persons.

#1 Guardian: _____ (H) _____ (C) _____ (W)
 Name Phone

#2 Guardian: _____ (H) _____ (C) _____ (W)
 Name Phone

#1 Emergency Contact: _____ relation: _____ (H) _____ (C)
 Phone

#2 Emergency Contact: _____ relation: _____ (H) _____ (C)
 Phone

*If medication is to be kept on student's person, the guardian agrees that the medication will be carried in a secure, protective container and that the medication will be labeled with student's name. Guardian also agrees that the replacement of expired medication is the responsibility of the guardian. When a student is authorized by their physician and parent/guardian to possess a prescribed life-sustaining medication, it is recommended that an additional dose of medication is kept in the school office. In the event the prescribed medication is discontinued by the physician, the parent/guardian will notify their student's school office by providing a written statement from the prescribing physician. **The parent/guardian understands that it is the student's responsibility to be in possession of prescribed medication during the school day, while attending field trips and while participating in extracurricular activities. See: Medication Policy 9020.01 – AR. School staff do not verify possession of medication when students are authorized to carry on their person.**

In the event of a crisis requiring immediate intervention, a trained school employee will administer an injection or other prescribed drug. The undersigned understands that the employee administering the prescribed medication is not a licensed healthcare professional. The employee will make his or her best effort to comply with the recommended procedure developed by the child's physician, and in accordance with the training conducted by a registered nurse. The undersigned hereby consents to the intervention of the employee under these circumstances.

Additionally, the undersigned agrees to hold the Oldham County Board of Education, its members and employees, and the intervening staff member harmless for any injuries resulting from the emergency care unless the injury was caused by the employee's negligence. The parent/guardian further agrees to indemnify and hold harmless any employee and the Oldham County Board of Education and its members from any claim resulting from the student's self-administration of medication per state law. The permission for self-administration of medication shall be in effect for the school year in which it is granted and shall be renewed each following school year. (KRS-158.834)

Parent/Guardian hereby gives consent for the child's medical records and reports to be shared with the Oldham County Board of Education and its employees, and for my child's physicians to discuss his/her medical condition referenced above with school or District personnel to assist them in planning for my child's care while at school or school events.

Parent/Guardian Signature (mandatory)

 Date

Adopted: July 26, 2000 Revised: May 17, 2005 Revised: April 29, 2010
 Revised: April 17, 2001 Revised: April 4, 2007 Revised: May 21, 2013
 Revised: July 18, 2002 Revised: March 4, 2008

Epinephrine Received: [] 0.3mg [] 0.15mg

Antihistamine Received as ordered (if applicable)

 OCBE staff/date

 Parent/guardian/date