

BAND

Centerville High School Clinic
500 East Franklin Street
Centerville, OH 45459
937-439-3505

FOR STUDENTS WITH ALLERGIES AND/OR EPI-PENS

- In order to address the health needs of students in the school setting, I am asking that you help me by completing this care plan for students with allergies and/or epi-pens.
- Enclosed is the *Emergency Allergy Plan/Epinephrine Authorization*. Please complete and sign the parent section. Your physician should complete and sign the **Treatment Plan** and on the reverse side the **Medication Orders**.
- The treatment plan and medication orders are for the typical school year only and **need to be updated yearly**. **Centerville High School Summer School** students need *Emergency Allergy Plan/Epinephrine Authorization forms* specifically for the summer school session.
- Your student may carry and self administer Epi-pen only with parent and physician authorization. *State regulations require that a backup dose be provided to your school clinic if your student is authorized to self carry the Epi-pen.*
- Your student may carry Benadryl with parent and physician authorization. *Please consider providing the school with Benadryl Fast Melts or Benadryl chewable tablets which provide ease of handling, storage and administration on field trips.*

Centerville City Schools and Ohio Revised Code requires students taking medications during school hours or during approved district-sponsored trips/activities (before or after regular school hours, weekends, holidays, and over-night trips/activities) to have written permission from the parent and a licensed health professional authorized to prescribe drugs. Board of Education Policy defines medication as all medicines, including those prescribed by a licensed health professional authorized to prescribe drugs and any non-prescribed (over-the-counter) drugs, preparations, and/or remedies.

Return completed forms to CHS clinic. If you should have any questions or concerns, please contact your school nurse.

Gayle Couch RN., BSN
School Nurse

Board of Education Policy, Use of Medications, is printed on the back.

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Board of Education Policy 5330-Use of Medications (approved September 17, 2010)

The Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program.

For purposes of this policy, "medication" shall include all medicines including those prescribed by a licensed health professional authorized to prescribe drugs and any non-prescribed (over-the-counter) drugs, preparations, and/or remedies. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

Before any medication (i.e., a drug) or treatment may be administered to any student during school hours, the Board shall require a written statement from a licensed health professional authorized to prescribe drugs ("prescriber") accompanied by the written authorization of the parent. These documents shall be kept on file in the office of the building principal or clinic, and made available to the individual(s) designated by this policy as authorized to administer medication or treatment. A copy of the parent's written request and authorization and the prescriber's written statement must be given, by the next school day following the District's receipt of the documents, to the individual(s) authorized to administer drugs to the student for whom the authorization and statement have been received. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5330 - Drug Prevention and of the Student Code of Conduct/Discipline Code.

Only medication in its original container labeled with the date, if a prescription; the student's name; and exact dosage or in an insulin pump will be administered. The Superintendent or designee shall determine a location in each building where the medications to be administered under this policy shall be stored, which shall be a locked storage place, unless the medications require refrigeration in which case they shall be stored in a refrigerator/locked ice chest in a place not commonly used by students.

In the case of approved district-sponsored trips/activities, authorized individual(s) in charge of the trip/activity shall be responsible for appropriate storage of medications, which shall be a locked storage place, unless the medications require refrigeration in which case they shall be stored in a refrigerator/locked ice chest in a place not commonly used by students.

However, students shall be permitted to carry and use, as necessary, an asthma inhaler and/or diabetes supplies to test and treat diabetes provided the student has prior written permission from his/her parent and physician and has submitted Authorization for the Possession and Use of Asthma Inhalers/Other Emergency Medication(s), to the principal and any school nurse assigned to the building.

Additionally, students shall be permitted to carry and use, as necessary, an epinephrine autoinjector to treat anaphylaxis, provided the student has prior written approval from the prescriber of the medication and his/her parent/guardian, if the student is a minor, and has submitted written approval to the principal and any school nurse assigned to the building. The parent/guardian or the student shall provide a back-up dose of the medication to the principal or school nurse. This permission shall extend to any activity, event, or program sponsored by the school or in which the school participates. In the event epinephrine is administered by the student or an authorized individual at school or at any of the covered events, a request for assistance will immediately be made to an emergency medical service provider (911).

The following individuals are designated as being authorized to administer medication and treatment to students: principal, teacher, school nurse, building secretary, aide, others as designated by student's IEP and/or 504 plan, approved coaches and activity sponsors, and approved volunteers.

No employee will be required to administer a drug to a student if the employee objects, on the basis of religious convictions, to administering the drug.

Additionally the Board shall permit the administration by authorized individuals of any medication requiring intravenous or intramuscular injection or the insertion of a device into the body when both the medication and the procedure are prescribed by a licensed health professional authorized to prescribe drugs and the authorized individual(s) has completed any and all necessary training.

Students who may require administration of an emergency medication may have such medication in their possession upon written authorization of their parent(s) or, such medication, upon being identified as aforementioned, may be stored in the principal's office or clinic and administered in accord with this policy.

All dental disease prevention programs, sponsored by the Ohio Department of Health and administered by school employees, parents, volunteers, employees of local health districts, or employees of the Ohio Department of Health, which utilize prescription drugs for the prevention of dental disease and which are conducted in accordance with the rules and regulations of the Ohio Department of Health are exempt from all requirements of this policy.

BAND

Centerville City Schools
**EMERGENCY ALLERGY PLAN/EPINEPHRINE
AUTHORIZATION**

(In accordance with ORC 3313.718/3313.14)

Parent Section

Student Name: _____ Birth Date: _____
School: _____ Grade/ Teacher: _____
Address: _____ Phone: _____
Home

As the Parent / Guardian of this student: **I authorize** **Do not authorize** (circle one) my child to possess and self administer an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. **I will provide a backup dose of the medication to the school principal or nurse as required by law.** If self administration is not authorized, the administration of this prescribed medication may be administered by trained school staff. I have read and understand Centerville City Schools Medication Policy. I give permission for this information to be sent to the school district via facsimile.

Emergency contacts: name/relationship Phone number (s)
1. _____ 1. _____ 2. _____
2. _____ 1. _____ 2. _____
3. _____ 1. _____ 2. _____

Parent/Guardian name: _____ Date: _____

Parent/Guardian signature: _____ Phone _____
Work/cell

TREATMENT PLAN
To be completed by physician

Allergic To: _____ Asthmatic Yes No

Symptoms:		Give circled Medication:	
If exposed to allergen but no symptoms		Epi-Pen	Antihistamine
Mouth Itching, tingling, or swelling of lips, tongue mouth		Epi-Pen	Antihistamine
Skin Hives, itchy rash, swelling of the face or extremities		Epi-Pen	Antihistamine
Gastro Nausea, abdominal cramps, vomiting, diarrhea		Epi-Pen	Antihistamine
Throat Tightening of the throat, hoarseness, hacking cough		Epi-Pen	Antihistamine
Lung Shortness of breath, repetitive coughing, wheezing		Epi-Pen	Antihistamine
Heart Thready pulse, low blood pressure, fainting, pale, blueness		Epi-Pen	Antihistamine
Other _____		Epi-Pen	Antihistamine

***** Form continues on back *****

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MEDICATION ORDERS

To be completed by physician

Student Name _____ Birth Date _____

Antihistamine: _____

Name of medication

Dose: _____ Time to be given: _____

Date administration is to: Begin: _____ End: _____

Adverse reactions that should be reported to the physician:

For the student for which it is prescribed: _____

For the student for which it is *not* prescribed who receives a dose: _____

Epinephrine: Inject intramuscularly (circle one) EpiPen EpiPen Jr.

Date administration is to: Begin: _____ End: _____

Circumstances for the use of the autoinjector _____

Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief: _____

Adverse reactions that should be reported to the physician:

To the student for which it is prescribed: _____

To a student for which it is *not* prescribed who receives a dose : _____

Special instructions: _____

EMERGENCY MEDICAL SERVICE PROVIDER (911) WILL BE CALLED IF EPINEPHRINE IS ADMINISTERED

_____ As the prescriber, I have determined that this student *is capable* of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.

_____ As the prescriber, I have determined that this student *is not* capable of possessing and using this autoinjector appropriately and administration of this medication may be supervised by medically untrained personnel, it is requested that the medication be given by school personnel.

Physician Name: _____ Phone Number _____

Fax number _____ Emergency phone number: _____

Physician Signature _____ Date _____