



GREER MIDDLE COLLEGE CHARTER HIGH SCHOOL

864-4697573

admissions@greermiddlecollege.org

www.greermiddlecollege.org

138 W. McElhanev Rd, Taylors, SC 29687

AUTHORIZATION FOR ANAPHYLAXIS MEDICATION AT SCHOOL (MUST BE SIGNED BY HEALTH CARE PROVIDER AND PARENT/LEGAL GUARDIAN)

School Year: _____

Please Print

Student's Name: _____ Birthdate: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Student is SEVERELY allergic to:

Medication to be administered at school:

- Diphenhydramine dose: _____ Route: oral
- Epinephrine auto injector dose: 0.15mg 0.30mg to be given intramuscularly
- Other: _____

Health Care Provider specific instructions for medication administration (example: give diphenhydramine prior to epinephrine):

Student must carry medication: Yes No Student is asthmatic: Yes No

Student is at high risk for severe reaction: Yes No

Student is required to carry medication on the bus: Yes No

Student's first symptoms may start as (check all that apply):

- | | |
|---|--|
| Itching and swelling of the lips, tongue or mouth | Hives, itchy rash and/or swelling around the face or extremities |
| Itching and/or a sense of tightness in the throat, Hoarseness and hacking cough | Nausea, abdominal cramps, vomiting and/or diarrhea |
| Shortness of breath, repetitive coughing and/or wheezing | "Thready" pulse or passing out |

Field Trips: (The school will provide training for staff at the school to assist your child if needed).

- I will accompany my child on all field trips away from the school and assume responsibility for administering medication if needed.
- The student has permission from the physician to carry and self-administer the medication and will be responsible for having medication available for trips off campus.
- The teacher in charge of the field trip will additionally be trained and have responsibility for administering medication if needed.

Student Name: _____



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Bus Transportation: Student must have his/her anaphylaxis medication available on the bus.

- Yes, the bus driver needs to be notified and trained in case of emergency.
- No, the bus driver does not need to be notified.

Parent/legal guardian will provide all necessary supplies/medication and notify the school of changes in condition or prescribed treatment plan.

I understand that all medication will be provided by me in the original container, clearly labeled with my child's name. I will notify the school if the medication is discontinued or the dosage has been changed. Permission is granted to the principal/and or school nurse to share this information with individuals who have responsibility for my child. I give the school nurse and/or designee permission to contact the health care provider's office to request medical information concerning my child. I am responsible for replacing medication before the expiration date. If the health care provider authorizes my child to carry his/her medication during the school day, I understand that I cannot hold the school responsible for any adverse outcome of this action.

Parent/legal guardian signature: _____ Date: _____

Both areas must be completed if the medication is to be carried and self-administered.

- This student is to self-administer and self-monitor this medication while at school. Training has been completed by the health care provider and the student has demonstrated competency in self-monitoring and self-administration of this medication. Medication must be with the student during school sponsored activities, in transit to and from school sponsored activities and during, before or after-school activities on school property. The parent is aware that they cannot hold the school responsible for any adverse outcome of this action.

Parent/legal guardian signature: _____ Date: _____

Health Care Provider Signature: _____ Date: _____

(By signing this form, I am verifying that I have assessed this child and agree with the above treatment.)

**Please do not hesitate to administer medication or call 911.
Alert EMS to possible allergic reaction.**