JACKSON COUNTY School District

"Raising the Standard"

MODERATE TO SEVERE ALLERGY ACTION PLAN

(Editable document)

Directions:

1. **To input data, click on the first blank line, type in information**
2. **Use tab key to advance to the next field**
3. **Check mark fields, use tab to advance to field and use space bar to make check or click in the blank to make a check mark. To de-select an answer, click on the incorrect response to remove.**
4. **Yes/No fields are radio button fields to choose either Yes/No. Use tab to advance to the radio button field and use space bar to select either yes or no. Clicking in the appropriate field will make the selection as well. To de-select an answer, click on the incorrect response to remove.**
5. **When the first page of the form is completed by the parent, print and take to your physician to be completed. This editable form should be completed by the physician at http://www.jcsd.k12.ms.us/tech/onlinereg/allergyplan.pdf , signed by the physician and parent, and submitted with other registration forms and proof of residency to the appropriate school during registration.**

Student Information: (Text fields. Type the appropriate response in each field.)

Name of student: _____ DOB: _____

Grade: _____ Classsroom Teacher/1st Period Teacher: _____

Emergency Information:

Parent/Guardian Name: _____ Phone (H) _____

Address: _____ Phone (W) _____

Parent/Guardian Name: _____ Phone (H) _____

Address: _____ Phone (W) _____

Physician's name: _____Telephone: _____

In case of emergency, contact:

1. _____

2. _____

3. _____

TO BE COMPLETED BY PHYSICIAN: (Text fields. Type the appropriate response in each field.)

Student has a moderate to severe allergy to:

_____

_____.

Describe the symptoms experienced by this student during an allergic reaction:

_____

_____.

If student comes in contact with allergen, action to be taken immediately:

_____

_____

_____.

Note: An EpiPen may be administered by school staff or student (see self-administration authorization on page 4) if ordered by a physician and made available by parent/guardian.

Steps to be taken for an acute episode:

1. _____
2. _____
3. _____
4. _____

TO BE COMPLETED BY PHYSICIAN (Continued):

All current medications prescribed: (Each column is a text wrap field. Type in appropriate response in each column.)

Medication	**Dosage**	**Time**	**Route**

Prescribed medications <u>to be given at school</u>: (if any)

Medication	Dosage	Time	Route

JACKSON COUNTY School District

"Raising the Standard"

Physician and parent give authorization for the above-named student to carry and self-administer Epi-Pen and related allergy medication. Student and parent take responsibility for appropriate use of this medication as prescribed and accept responsibility for student carrying and self-administering allergy medication including keeping medication away from others.
(Radio Button field. Choose the appropriate response.)

○ **Yes** ◉ **No**

Self-administration of medication is not recommended for elementary school students and will be considered on a case-by-case basis for all students.

PARENT CONSENT FOR ALLERGY MANAGEMENT IN SCHOOL

The undersigned parent/guardian of the above-named student request that the specialized physical health care service for management of allergies in school is administered to student. Parent will provide the necessary supplies and equipment, notify school if there is a change in student health status or attending physician and notify the school nurse immediately and provide new consent for any changes in doctor's orders.

Parent gives authorization for the school nurse to communicate with the physician when necessary. (Radio Button field. Choose the appropriate response.)

◉ Yes ○ No

Parent Signature _____ Date _____

Physician Signature _____ Date _____

Reviewed by School Nurse _____ Date _____

This form should be completed by your physician, signed by the physician and parent, and submitted with other registration forms and proof of residency at the appropriate school during Jackson County School District registration or as soon as possible.

The signed form may be mailed or faxed to your child's school. Please contact the school for address or fax number.