



Lake Forest School District 67

ANNUAL AUTHORIZATION TO SELF-ADMINISTER MEDICATION FOR MANAGEMENT OF ASTHMA AND ACUTE ALLERGIC FOOD REACTIONS

PART I: TO BE COMPLETED ANNUALLY BY PARENT/GUARDIAN:

I would like my student to have his or her [check all that apply]:

- Epinephrine auto injector
Asthma inhaler

(Medication) available in school, as prescribed by my children's physician. My student IS IS NOT capable of self administering the Medication. I DO DO NOT want my student to be able to carry and self-administer his Medication while in school...



Student Name: Birth Date: School: Grade/Teacher: Allergic to: Asthmatic (indicate yes or no): Mother's/Guardian's Name: Father's Name: Primary Phone Number: Emergency Phone Number: Emergency Phone Number:

If my student suffers an allergic reaction he/she experiences the following: [check all that apply]:

- Itching, tingling or swelling of lips or mouth
Tightening of throat, hacking cough
Hives, itchy welling of face or extremities
Shortness of breath, coughing, wheezing
Nausea, cramps, vomiting, diarrhea
Weak pulse, low BP, pale, blueness
Other:

I, THE ABOVE NAMED STUDENT'S PARENT/GUARDIAN, UNDERSTAND AND AGREE:

1. LAKE FOREST SCHOOL DISTRICT 67, THE SCHOOL, AND THEIR RESPECTIVE ADMINISTRATORS, BOARD MEMBERS, STAFF MEMBERS, EMPLOYEES AND AGENTS (COLLECTIVELY, THE "DISTRICT") SHALL NOT BE HELD LIABLE FOR ANY CLAIMS, LOSSES TO PERSONAL PROPERTY, DAMAGES, CAUSES OF ACTION, INJURIES OR DEATH (COLLECTIVELY, "CLAIMS") AS A RESULT OF ANY AND ALL INJURIES ARISING FROM MY STUDENT'S SELF-ADMINISTRATION OF MEDICATION OR USE OF AN EPINEPHRINE AUTO-INJECTOR...

2. THE DISTRICT DOES NOT GUARANTEE THAT IT IS OR WILL BE FREE FROM FOOD AND OTHER PRODUCTS CONTAINING ALLERGENS, INCLUDING BUT NOT LIMITED TO, THE FOOD SERVED BY THE DISTRICT IN ITS SCHOOLS OR THE FOOD THAT OTHERS MAY BRING INTO THE SCHOOLS.

3. IF APPLICABLE, MY STUDENT WITH A LEGUME, NUT OR PEANUT ALLERGY HAS REVIEWED THE ATTACHED LIST OF "COMMON FOODS CONTAINING NUTS AND PEANUTS" AND WE HAVE DISCUSSED HOW TO AVOID FOODS AND SITUATIONS IN WHICH MY STUDENT IS LIKELY TO EXPERIENCE AN ALLERGIC REACTION.

4. I AGREE THAT MY STUDENT MAY BE TAKEN TO A MEDICAL FACILITY IN THE EVENT OF A MEDICAL EMERGENCY, EVEN IF A PARENT OR GUARDIAN CANNOT BE CONTACTED.

5. I WILL NOTIFY THE DISTRICT/SCHOOL OF ANY CHANGES IN MEDICATION OR MY CHILD'S CONDITION.

Parent/Guardian's Signature Date:

PART II: TO BE COMPLETED BY STUDENT'S PHYSICIAN, PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED NURSE (Parents or Legal Guardians are responsible for obtaining the information required in Part II):

A. Allergy Medication Name (circle one): EpiPen® EpiPen Jr.® Twinject® 0.3 mg. Twinject® 0.15 mg

Administration Route: Intramuscularly into anterolateral aspect of thigh

Reason for Medication Administration: Management of acute allergic reaction to: [Check all that apply]

- stinging/biting insects (bees, wasps, hornets, yellow jackets, ants)
- ingestion of: _____
- Other: _____

Medication is to be Administered.

- immediately after insect sting/bite
- immediately after ingestion of: _____
- Other: _____

Possible Side Effects: _____

B. Asthma Inhaler Medication Name: _____

Administration Route: _____

Reason for Medication Administration: _____

Dosage: _____

Medication is to be Administered (time or event): _____

Possible Side Effects: _____

The Student understands the need for Medication, and the necessity to report to school personnel any unusual or unexpected side effects. In my professional judgment, the Student is capable of self-administering the above Medication(s). I may be reached at the following telephone number in the event the Student has a reaction to the Medication or in the event of an emergency.

Physician, PA or APN Signature: _____ Printed Name: _____
Date: _____ Telephone Number: _____

PART III: TO BE COMPLETED BY SCHOOL NURSE AND ADMINISTRATOR:

Check as appropriate:

- Parts I and II above are complete.
- The Medication is properly labeled.
- Medication dosage and label match the physician order.
- The school has received a properly labeled additional inhaler or injector to be kept in the nurse's office.
- The school nurse has reviewed the proper Medication self-administration procedure with the student and agrees that the student should be permitted to self-administer the Medication.

Comments: _____

Nurse Signature: _____ Administrator Signature: _____

Date: _____ Date: _____

COMMON FOODS CONTAINING NUTS AND PEANUTS

Parents and Guardians and their students with a legume, nut or peanut allergy should review and be familiar with the following list of common foods containing ingredients likely to cause an allergic reaction:

- peanut butter, peanuts, and peanut oil
- all cakes and pastries with unknown ingredients, particularly carrot cake, pumpkin cake or pie, and fruit and nut rolls
- mixed nuts, candied peanuts, beer nuts, and peanut brittle
- bouillon and Worcestershire sauce
- crushed nuts in sauces
- praline and nougat
- African, Chinese, Indonesian, Japanese, Mexican and Vietnamese foods which often contain peanuts or which may become contaminated during meal preparation
- muesli and fruited breakfast cereals
- pesto (an Italian sauce made with nuts)
- vegetarian dishes and casseroles prepared with nuts and some veggie burgers or soy burgers
- marzipan (a paste made from ground almonds and sugar)
- prepared salads and salad dressings
- health food bars, energy bars, and sports bars
- gravy mixes
- candy with nuts (M&Ms, Snickers, Hershey bars with nuts, Hershey almond kisses, salted nut rolls, and others)

Parents, please instruct your students:

1. Not to trade food with others.
2. Not to eat anything with unknown ingredients or known to contain allergens.
3. To be proactive in the care and management of their food allergies and reactions.
4. To notify an adult immediately if they eat something they believe may contain the food to which they are allergic.