AUTHORIZATION FOR DISPENSING MEDICATION

Form 7238 May 2005

PARENT'S AUTHORIZA			Nam	e of Medication				
Name of Child to Receive Med	icine		INall	e of Medication				
		Prescription	Prescription No.		Expiration Date			
		1 Tobonphon	110					
		When to Giv	When to Give			Continue Medication Until (date)		
			All to Give					
NOTE: Medication must	be in its origina	l container	and labeled wit	h your child's	name and the da	te medication is left at		
the facility. Medication of	an only be adm	inistered in	amounts acco	rding to the lat	oel directions.			
		-	Signa	Date				
			Signa					
CAREGIVER'S RECOR	D OE ADMINIS	TEDING M	EDICATION					
CHILD'S	NAME		DATE	TIME	AMOUNT	FULL NAME OF		
NAME	MEDICA		GIVEN	-	GIVEN	CAREGIVER OR		
147 (1111						EMPLOYEE		
	-							
	-							
Disposition of Left-over Medic	ation							

Food Allergy Action Plan

Student's Name:	D.O.B:Tea	Teacher:		Place Child's					
	0:		l l	Picture Here					
Asthmatic Y	es* No *Higher risk for severe reaction								
	♦ STEP 1: TREATMENT	♦	2 22 3						
Symptoms:		Give Checke	d Medication**:	To be determined					
□ If a food a	llergen has been ingested, but no symptoms:	☐ EpiPen	☐ Antihistamine	by physician authorizing treatment					
 Mouth' 	Itching, tingling, or swelling of lips, tongue, mouth	☐ EpiPen	☐ Antihistamine	e Liteaument					
Skin	Hives, itchy rash, swelling of the face or extremities	□ EpiPen	☐ Antihistamine	9					
□ Gut	Nausea, abdominal cramps, vomiting, diarrhea	□ EpiPen	☐ Antihistamine	9					
□ Throat t	Tightening of throat, hoarseness, hacking cough	□ EpiPen -	☐ Antihistamin	е					
□ Lung t	Shortness of breath, repetitive coughing, wheezing	☐ EpiPen	☐ Antihistamin	e					
□ Heart †	Thready pulse, low blood pressure, fainting, pale, blueness	☐ EpiPen	☐ Antihistamin	e					
Other t	20	□ EpiPen	☐ Antihistamin	e					
 If reaction 	is progressing (several of the above areas affected), give	□ EpiPen	☐ Antihistamin	e					
The severity of symptoms can quickly change. † Potentially life-threatening.									
Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. (see reverse side for instructions) Antihistamine: give									
Other: give_	medication/dose/route			5					
♦ STEP 2: EMERGENCY CALLS ♦									
1. Call 911 (or Rescue Squad:). State that an allergic reaction has been treated, and additional epinephrine may be needed)									
2. Dr.	at								
3. Emergency Name/Relations	contacts: hip Phone Number(s)	ig.							
a.	1.)		2.)						
			2.)						
			2.)						
EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!									
Parent/Guardian	Signature	Date							
Doctor's Signatu	ıre								

(Required)