SAINT XAVIER HIGH SCHOOL
ALLERGY CARE PLAN – PRESCRIBED EPINEPHRINE – 2020-2021

This form is mandatory for students with a life-threatening allergy. Please fill out and return to the Student Services Office.

STUDENT NAME: _____ STUDENT I.D. #_____
Last First Middle

ALLERGIC TO: _____ EPINEPHRINE EXPIRATION: _____

HISTORY OF ANAPHYLAXIS? □ YES* □ NO Date of last anaphylactic reaction: _____
HISTORY OF ASTHMA? □ YES* □ NO ** If yes, High Risk for Severe Reaction*

DOSAGE: _____ MG

The following must be completed by your son's Health Care Practitioner:

HEALTH CARE PRACTITIONER DIRECTIVE: SUSPECTED CONTACT OR INGESTION

Administer the following antihistamine as ordered (PLEASE PRINT):

_____

_____

HEALTH CARE PRACTITIONER DIRECTIVE: KNOWN CONTACT OR INGESTION

If student has a known ingestion or contact, has a history of anaphylaxis or asthma, and is exhibiting signs / symptoms of anaphylaxis, **immediately give one dose of Epinephrine** in upper, outer thigh and **CALL 911.**

CHECK ONE: □ EPI PEN IS TO BE KEPT IN NURSE'S OFFICE
□ EPI PEN IS TO BE CARRIED BY STUDENT**
** I HAVE INSTRUCTED THE ABOVE STUDENT IN PROPER CARE, STORAGE, AND USE OF THIS MEDICATION (KRS 158.834)

_____ _____
Healthcare Practitioner Name (Please Print) Date

_____ _____
Healthcare Practitioner Signature Phone

EMERGENCY CONTACT INFORMATION:

_____ _____
Parent / Guardian Signature Phone

If medication is to be kept on student's person, the parent / guardian agrees that the medication will be carried in a secure, protective container and that the medication will be labeled with the student's name. Parent / guardian also agrees that the replacement of expired medication is the responsibility of the parent / guardian. When a student is authorized by their health care practitioner and parent / guardian to possess a life-sustaining medication, it is recommended that an additional dose of medication is kept in the school office. In the event the prescribed medication is discontinued by the health care provider, the parent / guardian will notify their student's school office by providing a written statement from the prescribing physician. **The parent / guardian understands that it is the student's responsibility to be in possession of prescribed medication during the day, while attending field trips, and while participating in extracurricular activities. School staff do not verify possession of medication when students are authorized to carry on their person.** Additionally, the undersigned agrees to hold Saint Xavier High School, its members and employees, and the intervening staff member harmless for any injuries resulting from the emergency care. The parent / guardian further agrees to indemnify and hold harmless any employee and Saint Xavier High School and its members from any claim resulting from the student's self-administration of medication per state law. The permission for self-administration of medication shall be in effect for the school year in which it is granted and shall be renewed each following school year. (KRS 158.834)

_____ _____
Parent / Guardian Signature Date