

PARENTAL CONSENT TO GIVE MEDICAL TREATMENT

TO BE COMPLETED BY PARENT (To be shared with parental consent – may be posted)

Student's Name _____

ALLERGY DESCRIPTION

This student has a **DANGEROUS**, life-threatening allergy to the following:

and all substances containing them in any form or amount, including the following kinds of items:



AVOIDANCE

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these allergens at all times.

GENERAL PRECAUTIONS

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:

- hives and itchiness on any part of the body
- swelling of any body parts, especially eyelids, lips, face or tongue:
- nausea, vomiting, diarrhea
- coughing, wheezing or change of voice;
- difficulty breathing or swallowing;
- fainting or loss of consciousness;
- panic or sense of doom;
- other, please specify _____
- throat tightness or closing.

EMERGENCY MEASURES

- Get EpiPen[®] (epinephrine) or other Medication and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** AND ADVISE OF NEED FOR AN EpiPen (epinephrine).
- Reassure student; cover if chilled.
- Record the time at which EpiPen[®] (epinephrine) was administered.
- Have someone call the parent. If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second EpiPen[®] (epinephrine).
- Even if symptoms subside, students require medical attention because there may be a delayed reaction; take the student to hospital immediately in the ambulance.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Severe Allergy Alert Form for the student and the time at which the EpiPen[®] (epinephrine) or Medication was administered.

I agree that the school may post my student’s picture, take the Emergency Measures and that this information will be shared, as necessary, with the staff of the school and health care providers.

I have received and read a copy of the Administrative Procedure for Golden Hills School Division.

Date

Parent’s Signature