



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:

- | | |
|--|---|
| <input type="checkbox"/> Hives and itchiness on any part of the body | <input type="checkbox"/> Swelling of any body parts, especially eyelids, lips, face or tongue |
| <input type="checkbox"/> Throat tightness or closing | <input type="checkbox"/> Coughing, wheezing or change of voice |
| <input type="checkbox"/> Nausea, vomiting, diarrhea | <input type="checkbox"/> Fainting or loss of consciousness |
| <input type="checkbox"/> Difficulty breathing or swallowing | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Panic or sense of doom | |

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 symptoms do not improve after the first EpiPen[®] (epinephrine) administration, administer a second dose of EpiPen[®] (epinephrine) in as early as 5 minutes after the first.
- 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 student’s completed **Form 312-1: Medical Management Plan Template** 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 listed above 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 **AP 317: Students with Severe (Anaphylactic) Allergies** for Golden Hills School Division.

Date

Parent’s Signature