#### WAYLAND PUBLIC SCHOOLS

## MEDICATION ORDER FOR TREATMENT OF ANAPHYLAXIS USING EPINEPHRINE AND/OR BENADRYL

(Must be completed by a licensed prescriber)

Student:		DOB:	Sex:
Address:			
The above named student has a hyp	persensitivity	to:	
This student is at risk for an anaphy be available for treatment. Benadry			via Epi-pen should
Administer Epi-pen (0.3mg)	Admi	nister Epi-pen Jr	. (0.15mg)
Benadryl: DoseR	oute	Frequency_	
SymptomsTREATMENT PROTOCOL:			
If an exposure occurs or is suspecte  ( ) Epinephrine should be admin regardless of symptoms.  ( ) Epinephrine should be admin suggesting a generalized react shortness of breath, where cough rash, hives  itching  swelling of lips, tongue, regeneral flushing  nausea, vomiting abdom  anxiety	istered immentistered if the ection as described in the ection and the ection and the ection and the ection and the ection are	diately following student develops bed below: ficulty breathing	exposure s symptoms
• other symptoms, specific	to this stude	nt:	
Signature of Licensed Prescriber  Print Name			

#### WAYLAND PUBLIC SCHOOLS

# PARENT/GUARDIAN PERMISSION ALLOWING THE ADMINISTRATION OF EPINEPHRINE (EPI-PEN) BY UNLICENSED SCHOOL PERSONNEL IN THE ABSENCE OF THE SCHOOL NURSE

Student's Name:	DOB:	
Address:	Grade:	
Parent/Guardian Name:		
Home Phone: Other Pl		
If Parent/Guardian is unavailable in emerge Name:		
Phone(s):		
Relationship to student:		
My son/daughter has the following allergy(s epinephrine (Epi-pen), according to my chil	) which may require treatment with d's physician:	
*******		
CONSENT FOR	<u> FREATMENT</u>	
I give permission to allow the administration (Epi-pen) by the school nurse or, in the abseunlicensed member of the school staff who he school nurse to my son/daughter, in the ever school nurse to share with appropriate school medication administration plan.	nce of the school nurse, by an last been trained and delegated by the at of an emergency. I also allow the	
Signature of Parent/Guardian	Date	
Q:Schools\FormsII\Consent Epl-pen Program		

X= Parent/Guardian = MD, NP, PA

2010 -2011

### WAYLAND PUBLIC SCHOOLS

### MEDICATION ORDER FORM TO BE COMPLETED BY LICENSED PRESCRIBER & PARENT

Student's Name:	Date	oi Birth:	Sex:
		•	Grade:
Pertinent Medical Condition(s)	(city/town)		
Pertinent Medical Condition(s)Allergies			
Name of Licensed Prescriber:			Title:
Name of Licensed Prescriber:	Date of c	order:	
Consent for Self Administration (Inhalers):			
Provided the school nurse deems it safe and	yes no l'appropriate)		
•	•		
dministration of Prescription Medication	n:		
(one prescription medication per form)	(nam	e of medicati	ion)
(one prescription medication per form) Posage: Trequency:	Route of Administrati	ion:	
pecific directions or information for Admin		ıtion:	
because directions or information for Admin	nsuation.		
dministration of Non properties (	48.		
Administration of Non-prescription (over Acetaminophen: Dose mg Route PC Antacid: Dose mg Route PC Antacid: Dose mg Route PC	the counter) Medication(  Frequency 94-6°  Frequency 06-8°  Frequency 9	(s): Specific Dire Specific Directific Direc	ections PW PAI ctions PW PAI ctions PW GI
Administration of Non-prescription (over acetaminophen: Dose my Route PC antacid: Dose Rout	the counter) Medication  Frequency 94-6°  Frequency 06-8°  Frequency 0	(s): Specific Directific Directif	ections PW PAP ctions PW PAP ctions PW GT
Administration of Non-prescription (over Acetaminophen: Dose	the counter) Medication  Frequency 94-6°  Frequency 96-8°  Frequency 9	(s): Specific Direction of the Control of the Contr	ections PW PAIL ctions PW PAIL ctions PW GT
Administration of Non-prescription (over Acetaminophen: Dose	the counter) Medication  Frequency 94-6°  Frequency 96-8°  Frequency 9	(s): Specific Direction of the Control of the Contr	ections PW PAIL ctions PW PAIL ctions PW GT
Administration of Non-prescription (over acetaminophen: Dose	the counter) Medication  Frequency 94-6°  Frequency 96-8°  Frequency 9	(s): Specific Direction Specific	ections PW PAIL ctions PW PAIL ctions PW GT
Administration of Non-prescription (over acetaminophen: Dose	the counter) Medication  Frequency 94-6°  Frequency 96-8°  Frequency 9	(s): Specific Direction of the Control of the Contr	ections PW PAIL ctions PW PAIL ctions PW GT
Administration of Non-prescription (over acetaminophen: Dose	the counter) Medication(  Frequency 946°  Frequency 068°s  Frequency 0  S  Administer the above med on should be scheduled at	(s): Specific Direction Specific	ections PW PAIL ctions PW PAIL ctions PW GT
dministration of Non properties (	the counter) Medication(  Frequency 946°  Frequency 068°s  Frequency 0  S  Administer the above med on should be scheduled at	(s): Specific Director of times other  Date	ections PW PAIL ctions PW PAIL ctions PW GT
Administration of Non-prescription (over acetaminophen: Dose	the counter) Medication(  Frequency 946°  Frequency 068°s  Frequency 0  S  Administer the above med on should be scheduled at	(s): Specific Direction Direction (s) to times other	ections PW PAIL ctions PW PAIL ctions PW GT
Administration of Non-prescription (over acetaminophen: Dose	the counter) Medication  Frequency 946°  Frequency 068°s  Frequency 0  Administer the above med on should be scheduled at	(s): Specific Directory Specific	ections PW PAIL ctions PW PAIL ctions PW GT
Administration of Non-prescription (over Acetaminophen: Dose	the counter) Medication  Frequency 946°  Frequency 068°  Frequency 0  Frequency 0  Administer the above med on should be scheduled at the school Nur	(s): Specific Director of the Specific Directo	ections PW PAIL ctions PW PAIL ctions PW GT