

U-M Allergy Clinic at Briarwood Heath Associates

325 Briarwood Circle, Bldg 5 Ann Arbor, MI 48108

CONSENT FOR MEDICATION AT SCHOOL/CHILD CARE 2014/2015

Date			
Student Name			DOB
Diagnosis			·····
MEDICATION AND DOSAGE:			
Medication	Dose	Route	Frequency
☐ Epi-Pen ☐ Auvi-Q ☐ Adrenaclick	☐ 0.15 mg	IM injection in THIGH	See Food Allergy Action Plan
Benadryl/ diphenhydramine	mg	Oral	☐ Every hours as needed ☐ Follow Food Allergy Action Plan
☐ Albuterol ☐ Xopenex ☐	orteaspoons \[2 \text{ puffs via } \text{ chamber } \] \[1 \text{ vial } \]	☐Inhalation ☐NMT	Every hours as needed 15-30 minutes prior to exercise Follow Asthma Action Plan Follow Food Allergy Action Plan
Epinephrine auto-injector (Epi-Pen, Auvi-Q, Adrenaclick): JITTERY, INCREASED PULSE, anxiety, difficulty sleeping, dizziness, fearfulness, headache, nausea, vomiting, nervousness, paleness, sweating, tremors, weakness Benadryl: DROWSINESS, EXCITABILITY, itching, dry mouth-throat and nose, thickening of mucus in nose or throat Albuterol: NERVOUSNESS, INCREASED PULSE, tremor, cough, headache, nausea, vomiting, unusual taste in mouth, sore or dry throat			
This student is both capable and responsible for self-administering this medication: NO YES-Supervised YES-Unsupervised This student may carry this medication: YES NO			
PLEASE CALL if you have any questions: 734.647.9000 FAX 734.647.9009			
Provider's Name	Sig	nature	Date
Parent/Guardian Signature			Date