



CONSENT FOR MEDICATION AT SCHOOL/CHILD CARE 2014/2015

Date _____

Student Name _____ DOB _____

Diagnosis _____

MEDICATION AND DOSAGE:

Medication	Dose	Route	Frequency
<input type="checkbox"/> Epi-Pen <input type="checkbox"/> Auvi-Q <input type="checkbox"/> Adrenaclick	<input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.3 mg	IM injection in THIGH	See Food Allergy Action Plan
<input type="checkbox"/> Benadryl/ diphenhydramine <input type="checkbox"/> _____	_____ mg or _____ teaspoons	Oral	<input type="checkbox"/> Every _____ hours as needed <input type="checkbox"/> Follow Food Allergy Action Plan
<input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex <input type="checkbox"/> _____	<input type="checkbox"/> 2 puffs via chamber <input type="checkbox"/> 1 vial	<input type="checkbox"/> Inhalation <input type="checkbox"/> NMT	<input type="checkbox"/> Every _____ hours as needed <input type="checkbox"/> 15-30 minutes prior to exercise <input type="checkbox"/> Follow Asthma Action Plan <input type="checkbox"/> Follow Food Allergy Action Plan

POTENTIAL SIDE EFFECTS:

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: 734.936.5634 FAX 734.232.2171

Provider's Name _____ Signature _____ Date _____

Parent/Guardian Signature _____ Date _____