

FREEPORT AREA SCHOOL DISTRICT

SEVERE ALLERGY INFORMATION

Dear Parent/Guardian,

There are a number of students in the Freeport Area School District who have severe allergies (peanuts/nuts, food allergies, etc.). We want to do everything possible and reasonable to protect these students in the event they are affected while at school. Because your child is identified as one of these students, we will need the attached forms completed and returned to the school nurse as soon as possible.

There are no provisions available currently (or being planned) for providing medical support when children are on the school bus or walking to or from school. This means parents will have to assume full responsibility for transporting their child if circumstances deem necessary. In addition, you will need to provide directions regarding your child's participation in physical education and all extracurricular activities (i.e. field trips, outdoor events, etc.). We further recommend that all students (primarily grades 4 through 12) learn self-administration of medication for **emergency** situations, particularly when an injection might become necessary. If you are sending your child's prescription medication to the school for use in an emergency, it must be sent in a pharmacy labeled container accompanied by written parental permission as well as written physician orders.

Because the status of your child's allergy may change, we stress the importance of keeping the school informed so that our information is always current. We will be able to manage this potentially critical problem as efficiently as possible by working together. Your child's welfare is of utmost importance to us. Thank you for your cooperation.

Sincerely,

Cyndi Jones, RN
Secondary School Nurse

FREEPORT AREA SCHOOL DISTRICT

Allergy Survey

According to our health records, your child has a serious allergy. In order to provide for the special needs of your child while he/she is at school, it is extremely important that we have the following information. Please answer the questions listed below with as much detail as possible **and return to the school nurse tomorrow.**

Child's name _____ Birth date _____ Grade _____
Telephone number _____ Age allergy was diagnosed _____

1. Describe your child's allergy symptoms (both mild and severe).

2. What triggers those symptoms in your child?

3. Approximately how often does your child have an acute episode?

4. Does your child understand his/her allergy and how to manage it?

5. In event your child exhibits serious allergy symptoms during the school day, what procedure would you like the school to follow? (Be very specific.)

If it becomes necessary for the school to administer medication in an emergency, we will need both the enclosed medication form (**completed and signed by both you and your physician**) and the prescription medication brought in to the school nurse as soon as possible. Thank You.

(PARENT/GUARDIAN SIGNATURE)

(TODAY'S DATE)

PLEASE USE THE REVERSE SIDE TO PROVIDE ADDITIONAL DETAILS

FREEPORT AREA SCHOOL DISTRICT MEDICATION ADMINISTRATION CONSENT

It is required by the Freeport Area School District that the attending physician completes the following form for all medications to be given during school hours. Please be aware because of the possible unavailability of licensed personnel, that the medication may be administered by a school employee who is neither a registered nurse nor a licensed physician and who has not received any training in the administration of medication.

Student's Name: _____ Grade: _____

Shaded area MUST be completed by physician. If attaching a physician statement, this form must be signed by the physician and ALL information requested in the shaded area must be provided on the physician statement.

<hr/> Condition for which medication is requested <hr/>		
<hr/> Medication and Dosage <hr/>		
Time given: _____	Date (to begin): _____	Date (to end): _____
<hr/> Possible side effects / Emergency response <hr/>		
<hr/> Physician's name, address, and phone number (please print) <hr/>		
PHYSICIAN: Please check the block below if it applies in this situation (intended only for inhalers, Epi-pens and other life-saving medications).		
<input type="checkbox"/> Student may carry and self-administer medication in school or on a school sponsored activity.		
<i>If the above box is checked, it is strongly recommended that an extra dose be given to the school nurse to be kept in school for emergencies.</i>		
<hr/> Physician's signature	<hr/> Date	

PARENTAL PERMISSION, HOLD HARMLESS AND INDEMNIFICATION

We hereby agree that the medication be administered to our child as stated herein and agree with the intent to be legally bound hereby, to hold the Freeport Area School District and any of its employees or agents harmless from any liability and to so indemnify same for any liability incurred which may result from administration or supervision of the medication by employees or agents of the Freeport Area School District.

Parent or guardian signature

Date

FASD Medication Policy requires a parent or guardian to bring the medication to school in the original container or prescription bottle. Return this form to your student's School Nurse. No medications are permitted to be transported on the school bus. A second labeled prescription bottle can be obtained from your pharmacist.