

Dear Parent/Guardian

According to our records your child had a Dr.'s order to receive medication during school this year. As the school year comes to a close, I would appreciate your assistance in reviewing the checked items below.

- ☐ **End of This Year: Medication Pick Up (If medication was given to the Nurse)**
Please pick up any remaining medication on Monday through Thursday from 6 am to 4 pm after July 11. According to NYS Education Law, we cannot store medications over the summer. Any medication that is not picked up will be appropriately discarded. If your child has a Self Carry Order he/she may pick up to bring home.
- ☐ **For Next School Year Medication Order Form(s)**
New medication orders are required each year. All medications including non-prescription drugs given in school require an order written by a licensed prescriber. **A separate form is needed for each medication prescribed.**
 - NYS requires that all medication remain in the original labeled prescription or over the counter bottles/packaging. This requires that we will need a second identically labeled bottle for field trips.
 - Please ask the pharmacist for a 2nd labeled bottle when picking up your student's prescription. If purchasing over the counter medication, please purchase 2 smaller containers for use at school.
 - If your child uses an inhaler, a spacer is also recommended as this assists your child in receiving the medication correctly. Labeling the inhaler itself, in addition to the box is preferable. All forms may be downloaded from the our Website at: www.lymecsd.org.
- ☐ **Emergency Care Plans and Asthma Action Plans (ECP's) For Next Year**
 - If your child has a severe allergy and requires the use of emergency medications such as Benadryl, Epi-Pen or Inhalers an updated emergency care plan (ECP) is required each year.
 - Emergency Care Plans assist the school staff in safely caring for your children. We request that your health care provider complete the attached Emergency Care Plan/Asthma Action Plan(s), Medication orders can be written directly on this form. **A separate medication form is not required for medications listed on the ECP.**

INFORMATION FOR PARENTS REGARDING EPINEPHRINE AND ANTIHISTAMINE

Twinject® – the first dose is an auto-injector and the second dose is a standard syringe so an unlicensed person can give the first dose only. On a field trip a teacher **could not administer the second dose**. It is not common for a nurse to go on field trips. For school purposes a dual pack of Epi-Pens are a better choice.

Epinephrine Auto-Injector 0.3 mg is recommended for those who weigh 66 pounds or more.

Epinephrine Auto-Injector 0.15 mg is recommended for those who weigh 33 - 66 pounds

Antihistamine – a student must be self-directed (know why and how much Benadryl to take) in order to have Benadryl on a field trip. An unlicensed person (non RN) may assist them with opening the bottle or package.

Please submit the completed form(s) for the next school year to the school health office by September 6, 2011.

Please do not hesitate to call us if you have questions. Have a great summer!

**PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF
MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES**

A. To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy*.

PLEASE CHECK ONE:

- I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips to my **self directed child**
- I understand that administration of oral, topical or inhalant medications to my **non self-directed child** and injectable medications must remain the responsibility of the school nurse, licensed practical nurse under the direction of a school nurse, physician, or parent.

Signature(Parent or Guardian): _____

Telephone: Home _____ Work _____ Date _____

B. To be completed by physician:

I request that my patient, as listed below, receive the following medication:

Name of Student _____ DOB _____

Diagnosis: _____

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment:

Possible Side Effects and Adverse Reactions (if any):

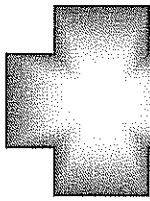
Physician's Signature _____ Date: _____

Address: _____ Phone: _____

- * Medication must be in original pharmacy labeled container with specific orders and name of medication.
- * Medication and refills must be brought to school by parent, guardian or responsible adult.

Plan reviewed with parent(s)/guardian(s):

Parent Signature: _____ Date: _____



Emergency Care Plan



BEE STING ALLERGY

Student: _____ Grade: _____ School Contact: _____ DOB: _____

Asthmatic: Yes No (increased risk for severe reaction) Severity of reaction(s): _____

Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

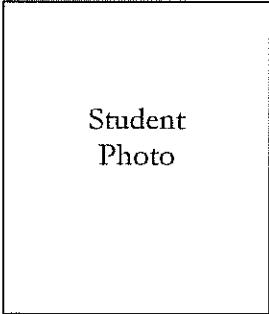
Father: _____ FHome #: _____ FWork #: _____ FCell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching & swelling of lips, tongue or mouth
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** "Thready pulse", "passing out"

The severity of symptoms can change quickly – it is important that treatment is give immediately.



STAFF MEMBERS INSTRUCTED: Classroom Teacher(s) Special Area Teacher(s)
 Administration Support Staff Transportation Staff

TREATMENT: Remove stinger if visible, apply ice to area. Rinse contact area with water.

Treatment should be initiated with symptoms without waiting for symptoms
Benadryl ordered: Yes No Give _____ Benadryl per provider's orders

Call school nurse. Call parent/guardian if off school grounds.

Epinephrine ordered: Yes No Special instructions: _____

IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING AT THE SITE OF THE STING ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

Preferred Hospital if transported: _____

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

Special instructions: _____

Healthcare Provider: _____ Phone: _____

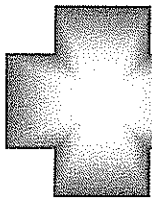
Written by: _____ Date: _____

Copy provided to Parent Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

This plan is in effect for the current school year and summer school as needed.

Revised 1/08



Emergency Care Plan



ASTHMA

Student: _____ Grade: _____ School Contact: _____ DOB: _____

Asthma Triggers: _____ Best Peak Flow: _____

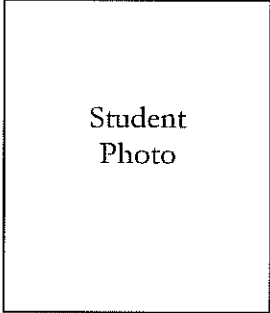
Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

Father: _____ FHome #: _____ FWork #: _____ FCell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ASTHMA EPISODE MAY INCLUDE ANY/ALL OF THESE:

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath, Peak Flow of < _____.
- **VERBAL REPORTS of:** chest tightness, chest pain, cannot catch breath, dry mouth, “neck feels funny”, doesn’t feel well, speaks quietly.
- **APPEARS:** anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily.



SIGNS OF AN ASTHMA EMERGENCY:

- Breathing with chest and/or neck pulled in, sits hunched over, nose opens wide when inhaling. Difficulty in walking and talking.
- Blue-gray discoloration of lips and/or fingernails.
- Failure of medication to reduce worsening symptoms with no improvement 15 – 20 minutes after initial treatment.
- Peak Flow of _____ or below.
- Respirations greater than 30/minute.
- Pulse greater than 120/minute.

STAFF MEMBERS INSTRUCTED:

- Administration
 Classroom Teacher(s)
 Special Area Teacher(s)
 Support Staff
 Transportation Staff

TREATMENT:

Stop activity immediately.
 Help student assume a comfortable position. Sitting up is usually more comfortable.
 Encourage purse-lipped breathing.
 Encourage fluids to decrease thickness of lung secretions.
 Give medication as ordered: _____
 Observe for relief of symptoms. If no relief noted in 15 – 20 minutes, follow steps below for an asthma emergency.
 Notify school nurse at _____ who will call parents/guardian and healthcare provider.

STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY:

- Call 911 (Emergency Medical Services) and inform the that you have an asthma emergency. They will ask the student’s age, physical symptoms, and what medications he/she has taken and usually takes.
- A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present. Preferred Hospital if transported: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

- Copy provided to Parent
 Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

This plan is in effect for the current school year and summer school as needed.