

**MEDICAL FORM 4**  
**EMERGENCY HEALTH CARE PLAN 2017-18**  
Four Rivers Charter Public School

**MED-4**

**For students at high risk for severe allergic reaction to food or bee sting**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Allergy to: \_\_\_\_\_  
Special Considerations: \_\_\_\_\_

**Signs of an allergic reaction include:**

**Symptoms**

Mouth	itching and swelling of the lips, tongue or mouth
Throat*	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	hives, itchy rash and/or swelling about the face or extremities
GI Tract	nausea, abdominal cramps, vomiting and/or diarrhea
Lungs*	shortness of breath, repetitive coughing and/or wheezing
Heart*	'thready' pulse, "passing out"

**The severity of the above symptoms can quickly change.**

**\*These symptoms can potentially progress to a life-threatening situation!**

**Action:**

1. For signs of a severe allergic reaction, **GIVE** \_\_\_\_\_  
*(medication/dose/route)*  
immediately, followed by \_\_\_\_\_ if needed.

**Ordering physician signature** \_\_\_\_\_ **Date** \_\_\_\_\_

2. **CALL** Rescue Squad 911 if Epi-pen given.

3. **CALL** parent/Guardian \_\_\_\_\_ **Phone** \_\_\_\_\_

-----  
I consent to have the school nurse or school personnel designated by the School Nurse administer the medication prescribed by:

\_\_\_\_\_ to \_\_\_\_\_  
Licensed Prescriber Student's Name

**For students with inhalers, please provide the school with a spare inhaler to keep in the nurse's office. For students requiring an Epi-pen for allergic reactions, please provide an Epi-pen labeled with your child's name to keep in the nurse's office.**

I plan to keep an updated Epi-pen in my child's backpack at all times: \_\_\_\_ yes \_\_\_\_ no

I give permission to the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.

I understand I may retrieve the medication from the school at any time: *however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student; \_\_\_\_\_

Emergency telephone numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_