COVENANT
CHRISTIAN ACADEMY

Office of the School Nurse

Parent/Guardian Consent for Administration of Epinephrine & Anti-Histamine

Student's Name:_______________________________________Grade:_____DOB:______
Address: ____
Allergy: ____
MD: ____ Phone:_________________
Parent/Guardian:____
Home phone: _________________________
Cell phone(s): _________________________
Work phone(s): ____

Emergency Contact: (if parent can not be reached)
Name: ____ Phone:____________________

I give permission for the administration of epinephrine via auto-injection, according to the physician's medication order/Allergy Action Plan, by the school nurse or by an unlicensed member of the school staff who has been trained in epinephrine auto-injection by the school nurse, to my child in the event of an anaphylactic emergency. I give consent for the school nurse to share this information with appropriate school personnel. I understand that 911 will be called per school policy in the event of an epinephrine administration.

__________________________________ ___________________________
parent/guardian signature date signed

I give permission to allow the school nurse to administer an anti-histamine according to the physician medication order/Allergy Action Plan.

__________________________________ ___________________________
parent/guardian signature date signed

I desire for my child to sit at the allergy table in the lunchroom: Yes____ No____
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<u>FOR STUDENTS IN GRADES **7-12** ONLY:</u>
I give consent for my child to self administer epinephrine auto-injector: Yes_____ No____
I give consent for my child to self carry epinephrine auto-injector: Yes_____ No____

______________________________________ _________________________
parent/guardian signature date signed
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RN/student mtg. - dated conducted __________
RN consent for self-carry: Yes____ No____
RN consent for self-administration: Yes_____ No____ RN signature:_______________________________

I have met with the nurse and will abide by the CCA policy and protocols of self-carrying and self administering epinephrine as needed.

Student signature:_____________________________