

The Geneva School
Authorization for Emergency Medication for Severe Allergic Reaction
Form valid for current school year and must be renewed annually

Date: _____ Student: _____ Grade: _____

Allergy(s): _____

List symptoms this student usually exhibits when having an allergic reaction:

If this student exhibits the above symptoms, or if ingestion of allergen, exposure to allergen, or insect sting is suspected, **IMMEDIATELY** give:

ANTIHISTAMINE Yes No

 If yes: list antihistamine and dose _____

INHALER Yes No

 If yes: list inhaled medication and dose _____

OTHER MEDICATION Yes No

 If yes: list medication and dose _____

EPI-PEN and call 911 Yes No

 If yes: EpiPen EpiPen Jr.

If this student appears to have trouble breathing, appears in distress in any way, or if symptoms progress after giving above medications, immediately give:

 EpiPen EpiPen Jr.

AND CALL 911 immediately!

Signed: _____ Date: _____

PHYSICIAN signature required

Signed: _____ Date: _____

PARENT signature required

Parent Emergency Contact Phone Information:

 Home _____

 Mom Cell _____ Mom Work _____

 Dad Cell _____ Dad Work _____

Per TGS Policy, a reminder to parents to supply 2 sets of all emergency medications at school: 1 set for the classroom and 1 set for the nurse's clinic