

**Westfield Public Schools  
Epinephrine Administration Order  
TOP OF FORM TO BE COMPLETED BY HEALTH CARE PROVIDER**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ **Allergies** \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Asthmatic? \_\_\_\_\_ Previous Anaphylaxis \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Specific instructions for administration \_\_\_\_\_

Possible side effects or adverse reactions \_\_\_\_\_

Name of Licensed Provider: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print) (Order is not valid unless signed)

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PARENT PERMISSION/ EMERGENCY CARE PLAN  
BOTTOM OF FORM TO BE COMPLETED & SIGNED BY PARENT/GUARDIAN**

**Signs of an allergic reaction**

**Mouth:** itching/swelling of lips, tongue or mouth  
**Throat:** itching or tightness, hoarseness, hacky cough  
**Skin:** hives, itchy rash or swelling of arms/legs  
**GI:** nausea, cramping, vomiting, diarrhea  
**Lungs:** shortness of breath, coughing, sneezing  
**Heart:** thready pulse, passing out

1.) If student is exposed to a known allergen give \_\_\_\_\_ IMMEDIATELY!  
(medication)

Do not hesitate to administer prescribed medication or call ambulance even if parents cannot be reached!

2.) CALL AMBULANCE (8) 911

If Epipen is given, the student MUST be transported to the emergency room.

3.) Call Parent/Guardian:

Name: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Name : \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Name of another contact: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

4.) List ALL medications student is taking \_\_\_\_\_

5) Administration of Epipen delegated to: Trained Staff

**PARENT/GUARDIAN PERMISSION SIGNATURE**

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_



94 North Elm Street, Suite 201  
Westfield, MA 01085

Date: \_\_\_\_\_

Dear Parent/Guardian:

We would like to inform you of the policies that have been put in place to ensure the health and safety of children needing medication during the school day.

Our school district requires that the following form(s) must be on file in the health office before the nurse can begin administering any medication at school:

1. **A signed consent by the parent or guardian.** Please complete the consent form and return to it to the school nurse.
2. **A signed medication order form from the licensed prescriber.** The written medication form should be taken to your child's licensed prescriber (physician, nurse practitioner, etc.) for completion and returned to the school nurse. This order must be renewed as needed and at the beginning of each academic year. A prescriber's order form is acceptable.

Medication must be delivered to the school in a pharmacy or manufacturer labeled container by a parent, guardian, or the parent/guardian designated responsible adult to the school nurse during regular school hours. Please ask your pharmacy to provide separate bottles for school and home. No more than thirty (30) days' supply of the medication should be delivered to the school.

When your child requires medication to be administered during the school day, please act quickly to follow these policies so that we can begin giving the medication as soon as possible.

Thank you for your cooperation in this matter.

Sincerely,

School Nurse

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_