

# Loudoun County Public Schools Allergy Action Plan / Physician's Order

Place  
Student's  
Picture  
Here

### Student's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ SY: \_\_\_\_\_

**To be completed by a Licensed Healthcare Provider (Physician, Physician's Assistant, or Nurse Practitioner)**

Allergy to: \_\_\_\_\_ Student has had anaphylaxis.  Yes  No

Student has asthma.  Yes  No (If yes, higher chance severe reaction) Student may carry epinephrine.  Yes  No

Student may give him/herself epinephrine.  Yes  No (If student refuses/is unable to self-treat, an adult must give epinephrine)

**IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

**For Severe Allergy and Anaphylaxis**  
**What to look for:**  
 If student has **ANY** of these severe symptoms after eating the food or having a sting, **give epinephrine:**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting/diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation



**Give Epinephrine!**  
**What to do:**

1. **Inject epinephrine right away!** Note time given.
2. **CALL 911.**
  - Tell EMS when epinephrine was given.
3. Stay with student and:
  - Call school health office
  - Keep student lying down or seated with legs elevated.

**Do NOT move student.**

  - Give a **second dose** of epinephrine, if symptoms get worse or do not get better in 5 minutes.
4. Give other medicine, if prescribed. Do NOT use other medicine in place of epinephrine.
  - Antihistamine
  - Inhaler (bronchodilator)
5. Call parents.

**SPECIAL SITUATION:** If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): \_\_\_\_\_ Even if the student has MILD symptoms after a sting or eating these foods, **GIVE EPINEPHRINE.**

**For Mild Allergic Reaction**  
**What to look for:**  
 If student has had any mild symptoms, **monitor student.**  
 Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach discomfort and/or nausea



**Monitor Student**  
**What to do:**

1. Stay with the student & contact school health office.
2. Give antihistamine (if prescribed).
3. Call parents.
4. If more than one symptom or symptoms of severe allergy develop, use epinephrine. (See above)

**Medicines/Doses:**

1. **Epinephrine Auto-Injector:**  0.15mg IM (student weighs <66 lbs)  0.30mg IM (student weighs >66 lbs)

2. **Antihistamine, by mouth (type & dose):** \_\_\_\_\_ (Student may NOT carry antihistamine)

**Healthcare Provider's Name (Print/stamp):** \_\_\_\_\_  
**Healthcare Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**National Provider Identifier (NPI):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

My signature gives permission for principal's designee to follow this plan, administer prescribed medication, and contact healthcare provider if necessary. I also agree to pick up any unused medication at the end of the school year. I understand that medication not picked up by a parent/guardian at the end of the school year will be discarded.

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

# Epinephrine Auto-Injectors Received: 1 2 3 4 Antihistamine in Health Office:  Yes  No \_\_\_\_\_

Epinephrine Expiration Date: \_\_\_\_\_ Antihistamine Expiration Date: \_\_\_\_\_

**Health Office Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Loudoun County Public Schools**  
**Epinephrine Procedural Information and Parental Consent**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ SY: \_\_\_\_\_

**Information about Epinephrine Procedures**

- Please notify the teacher/sponsor about your child’s allergy when your child will be staying for any school-sponsored after school activities.
- The health office is closed after dismissal and the school nurse/health clinic specialist is not in the building. It is strongly suggested that middle and high school students carry their own auto-injector for quick access to epinephrine.

\_\_\_\_\_  
**Parent/Guardian Signature Required**

\_\_\_\_\_  
**Date**

**Parent/Student Agreement for Permission to Self-Administer and/or Carry Epinephrine**

**PARENT:**

- I give my consent for my child to self-administer and/or self-carry his/her auto-injector of epinephrine.
- I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of epinephrine.
- This permission to self-administer and/or possess epinephrine may be revoked by the principal if it is determined that your child is not safely and effectively self-administering the medication.
- A new Physician Order/Care Plan for Severe Allergy and Parent/Student Agreement for Permission to Carry Epinephrine must be submitted each school year.

\_\_\_\_\_  
**Parent/Guardian Signature Required**

\_\_\_\_\_  
**Date**

**STUDENT:**

- If I am to self-administer, I have demonstrated the correct use of an auto-injector of epinephrine to the school nurse/health clinic specialist.
- I agree never to share my epinephrine, with another person or use it in an unsafe manner.
- I agree that if I inject epinephrine, I will immediately report to the school nurse/health clinic specialist or another appropriate adult if the nurse/health clinic specialist is not available so that EMS is called.

\_\_\_\_\_  
**Student’s Signature**

\_\_\_\_\_  
**Date**

**Loudoun County Public Schools**  
**Authorization for Medication Administration**  
**Parent Information About Medication Procedures**

1. **Medications should be taken at home** whenever possible so that the student does not lose valuable classroom time.
2. **The first dose of any NEW medication should be administered at home.**
3. If it is absolutely necessary for the student to take medication at school, an “**Authorization for Medication Administration**” form must be received for each medication and must be submitted to the Health Office staff with the medication to be administered at school. Use the appropriate form for asthma, allergy, seizure and diabetes medications. Medication will not be accepted without the appropriate form.
4. **Parents must provide written instructions from the healthcare provider for prescription medication to be administered by LCPS staff.** The “Authorization for Medication Administration” form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information:
  - Student’s name and date of birth
  - Name and purpose of medication
  - Dosage, time & route of administration
  - Duration of medication order/effective dates
  - Possible side effects/actions to take if these occur
  - Healthcare provider’s signature/date/NPI #
5. **Medications must be brought to the Health Office by a parent/guardian** (LCPS policy 8420) per Virginia Code 22.1-274. Students with diabetes, asthma, or life-threatening allergies may carry the following medications (insulin, glucagon, inhalers, epinephrine auto-injectors) throughout the school day with the written consent of the physician, school nurse and parent/guardian as indicated on the “Physician Order/Action Plan.” Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
6. **Medication Containers:**
  - ❖ Prescription medications- must be in the original pharmacy bottle with proper label containing:
    - Student’s name
    - Name of medication
    - Time to be given
    - Dose / amount to be administered
    - Healthcare provider’s name
    - Date
  - ❖ Non-prescription medications (OTC- over-the-counter) - must be in the original packaging and include dosage instructions.
7. Prescription information on bottle label must match the healthcare provider’s information on the “Authorization for Medication Administration” form. **Ask the pharmacy to provide a properly labeled bottle for school.**
8. Staff will not cut/break pills. Parents/Guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
9. Medication must be given in its original form unless written directions from the healthcare provider states otherwise. For example- open capsule or crush pill and mix with applesauce/yogurt, etc.
10. Medications will be given no more than 30 minutes before or after the prescribed time.
11. Non-prescription medication will only be administered according to directions on the bottle or box. If a higher dosage is required, the “Authorization for Medication Administration” form must be completed and signed by the healthcare provider.
12. Medication must be stored and administered in the health office unless the criteria for self-carry are met.
13. A new “Authorization for Medication Administration” form is required at the start of the school year and each time there is a change in the dosage or time at which a medication is to be taken.
14. Parents/Guardians should not bring in more than a 60-day supply of prescription medicine at a time.
15. Any **herbal or natural alternative medications** (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an “Authorization for Medication Administration” form signed by the healthcare provider and parent/guardian. This authorization does not permit the possession or use of marijuana or unregulated CBD or THC-A oil.
16. **Unused medication MUST be picked up by a parent/guardian on the last day of school or it will be destroyed.**