

For _____ School Year
(expires at the end of August)

Must be accompanied by "Permission
to Administer Medication at School"
(PTAM) Form

**SHORELINE SCHOOL DISTRICT
TREATMENT ORDER FORM: LIFE THREATENING ALLERGY
LICENSED HEALTH CARE PROVIDER* (LHP) ORDERS**

Note: These orders *must* be renewed every year, before the beginning of each school year.

Parkwood Elementary School 1815 N. 155th Shoreline, WA 98133	ATTENTION: Rachel Brucker, RN Phone: (206) 393-4153 Fax: (206) 393-4158
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Student Name: _____ Birth date _____ Grade/Grad Yr _____
LHP* Name _____ Phone _____ Fax _____

MEDICAL INFORMATION AND ORDERS – TO BE COMPLETED BY LHP*

****Please complete these treatment orders so we can better understand the student's needs****

STUDENT HEALTH HISTORY:

Student has a severe allergy to: _____

Student has a history of anaphylaxis **Yes** **No** Last anaphylactic reaction (Date) _____

Student has a history of asthma **Yes** (High Risk for Severe Reaction) **No**

Weight: _____

Other related health history: _____

TREATMENT PLAN: IF ANAPHYLAXIS IS SUSPECTED:*

1. Give epinephrine auto-injector and call 911
2. Repeat dose of epinephrine if available in _____ minutes if no improvement
3. Give antihistamine and inhaler (bronchodilator) if available (*see attached PTAM form for med orders*)
4. Other: _____

Student may carry emergency medication in backpack: YES NO

Student may self-administer epinephrine auto-injector: YES NO

Student has demonstrated use of epinephrine auto-injector to LHP* YES NO

Additional instructions for certain students:

The student is **EXTREMELY** reactive to the following allergen(s): _____

If checked, give epinephrine immediately if student **LIKELY** exposed to allergen, for ANY symptoms.

If checked, give epinephrine immediately if student **DEFINITELY** exposed to allergen, even if no symptoms are apparent.

Licensed Health Care Provider* Signature

Date

Phone

+Any of the following symptoms:

LUNG: Shortness of breath, wheezing, repetitive cough

HEART: Pale or bluish skin, faintness, weak pulse, dizziness

THROAT: Tight or hoarse throat, trouble breathing or swallowing

MOUTH: Significant swelling of the tongue or lips

SKIN: Many hives over body, widespread redness

GUT: Repetitive vomiting, severe diarrhea

OTHER: Feeling something bad is going to happen, anxiety, confusion

STUDENT SPECIFIC: _____

***OR A COMBINATION OF MILD SYMPTOMS
FROM DIFFERENT BODY AREAS.**