

I. T. Montgomery Elementary School
Wellness Committee
202 Martin Luther King, Jr. Road
Mound Bayou, MS 38762-0901
Telephone (662) 741-2433
Fax # (662) 741-2578

PHYSICIAN'S STATEMENT FOR CARRYING/SELF-ADMINISTERING EMERGENCY MEDICATION

Student's Name _____ D.O.B. _____ Grade ____ HR Teacher _____

Allergies/Triggers: _____

Comments/Special Instructions: _____

The above named student has **severe (Anaphylactic) Reactions** to one or more of the above listed allergens/antigens and requires the following medication **Immediately** upon exposure .

Name of Medication, dosage & route: _____

Reason(s) give to give Medication: _____

Common Side Effects: _____

I have instructed _____ in the proper way to use his/her EpiPen. It is my professional opinion that _____ **should be allowed to carry and use** that medication by him/ herself, when condition allows.

IF STUDENT'S CONDITION RENDERS HIM/HER UNABLE TO SELF ADMINISTER MEDICATION, DO NOT DELAY ADMINISTRATION OF EPINEPHRINE DURING ANAPHYLACTIC REACTION.

It is my professional opinion that _____ **should not be allowed to carry or use** his/her emergency medication by him/ herself, therefore, medication should be **kept in designated area at school, taken on field trips ,and given by nurse or a trained principal designee**, if needed.

It is my professional opinion that student should be **allowed to carry** his /her medication but **designated person must give** medication when needed.

Physician Signature

Printed Name

Date

FOR COMPLETION BY STUDENT'S PARENT/GUARDIAN

I UNDERSTAND ABOVE TERMS AND CONDITIONS AND AGREE TO SAME BY SIGNING BELOW:

Parent/Guardian Signature

Date

Emergency Contact Number(s)