



Banner Christian School

P.O. Box 74010
 North Chesterfield, Virginia 23236
 Phone: 804-276-5200
 Fax: 804-276-7620
 www.bannerchristian.org

ANTIHISTAMINE AUTHORIZATION

FOR USE WITH EPINEPHRINE (EpiPen) AND ALLERGY ACTION PLANS

PART I TO BE COMPLETED BY PARENT OR GUARDIAN		
I hereby request designated school personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use medication, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.		
Student Name (Last, First, Middle) _____		Date of Birth _____
Medication _____	Renewal _____	New _____ (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)
First dose was given: Date _____ Time: _____		
No LPN or clinic room aide shall administer medication or treatment, unless the principal has reviewed all the required clearances.		
_____ Parent or Guardian Signature	_____ Daytime Telephone	_____ Date

PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER WITH NO ABBREVIATIONS AND AS DETAILED ON THE ATTACHED ALLERGY PLAN		
The school discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific situations with appropriate forms that comply with LHCP orders and are signed by parent or guardian. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.		
ALLERGIC REACTION TO: _____	SIGNS/ SYMPTOMS: _____	
EXPOSURE- INGESTION _____	CONTACT _____	INHALATION _____ STING _____
MEDICATION: _____	ROUTE: _____	
DOSAGE TO BE GIVEN AT SCHOOL: _____ TIMES OR INTERVAL TO BE GIVEN: _____		
EFFECTIVE DATE: _____ If the student is taking more than one medication, list sequence in which medications are to be taken		
COMMON SIDE EFFECTS: _____		
_____ Licensed Health Care Provider (print or type)	_____ Licensed health Care Provider (Signature)	_____ Telephone or Fax
_____ Parent or Guardian Name (print or type)	_____ Parent or Guardian (signature)	_____ Date

ANTIHISTAMINE AUTHORIZATION continued

PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

Check as appropriate:

____ Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)

____ Medication is appropriately labeled.

_____ Date by which any unused medication is to be collected by the parent (Within one week after expiration of the physician order or the last day of school).

Signature

Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

- In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Banner Christian Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.**
- Banner does NOT provide medications or medical equipment for student use.**
- Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
- Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
- All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days also require a licensed healthcare provider's (LHCP) written order. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**
- The parent or guardian must transport medications to and from school.**
- Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.
- Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
- A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - Student name
 - Date of Birth
 - Diagnosis
 - Signs or symptoms
 - Name of medication to be given in school
 - Exact dosage to be taken in school
 - Route of medication
 - Time and frequency to give medications, as well as exact time interval for additional dosages.
 - Sequence in which two or more medications are to be administered
 - Common side effects
 - Duration of medication order or effective start and end dates
 - LHCP's name, signature and telephone number
 - Date of order
- All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
- All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
 - Name of student
 - Exact dosage to be taken in school
 - Frequency or time interval dosage is to be administered
- The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
- Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen)
- Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.