BOB JONES ACADEMY

Anaphylaxis Medication Authorization

Must be completed by the Parent/Legal Guardian before medication can be brought to school.

Student's name_____ Date of birth_____

Parent/Legal Guardian_____ The child is severely allergic to_____

Name of the medication to be given at school_____

_____

Amount of the medication to be given_____ The expiration date of the medication_____

Physician's specific instructions for medication administration_____

The child is asthmatic ☐ Yes ☐ No

The child is at high risk for severe reaction ☐ Yes ☐ No

The child's first symptoms may start as (check all that apply)

- ☐ Itching and swelling of the lips, tongue or mouth
- ☐ Itching and/or a sense of tightness in the throat, out hoarseness and hacking cough
- ☐ Hives, itchy rash and/or swelling about the face or extremities
- ☐ Nausea, abdominal cramps, vomiting and/or diarrhea
- ☐ Shortness of breath, repetitive coughing and/or wheezing
- ☐ "Thready" pulse, passing

Do not hesitate to administer medication.

Call 911 after medication is given. Parent may be contacted after medication is given.

Emergency Contacts:

Name_____ Cell phone_____ Work phone_____

Name_____ Cell phone_____ Work phone_____

Physician's name_____ Office phone_____
(Prescriber of this medication)

Please Read Carefully: *By signing below, I understand and agree to the following:*

- I understand that all prescribed medications must be in the original container, clearly labeled with my child's name
- I will notify the school if the medication is discontinued or the dosage changes.
- I give permission to the school nurse(s) and/or designated staff to share this information with individuals who have responsibility for my child.
- I give the school nurse my permission to contact the prescribing Licensed Healthcare Provider and prescribing pharmacy in relation to this prescription medication.
- I am responsible for replacing medication before the expiration date.
- I give my permission for designated BJA staff to administer this medication to my child if needed.

Parent's/Legal Guardian's Signature: Date:

_____ _____

This form is only valid if signed on or after July 1st for the upcoming school year. Revised 7/2026