



## Insect Allergy Action Plan – Parent Questionnaire

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Allergy: \_\_\_\_\_

### Insect Allergy Accommodations

- No restrictions
- Other (specify) \_\_\_\_\_

### Bus Concerns –Transportation should be alerted to student's allergy.

- This student carries Epi auto-injector on the bus? ☐ Yes ☐ No
- Epi auto-injector can be found in ☐ Backpack ☐ Waist pack ☐ On Person  
Other (specify): \_\_\_\_\_
- Student will sit at front of the bus. ☐ Yes ☐ No
- Other (specify): \_\_\_\_\_

### Field Trip Procedures – Epi auto-injector must accompany student during any off-campus activities.

- The student must remain with the teacher or parent/guardian during the entire field trip? ☐ Yes ☐ No
- Staff members on trip must be trained regarding Epi auto-injector use and this health care plan (plan must be taken).
- Other (specify): \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

- I request this medication to be given as ordered by the licensed health professional (LHP) (i.e., doctor, nurse practitioner, PAC).
- I give health services staff permission to communicate with the LHP/medical office staff about this plan and medication.
- I understand that any medication will not necessarily be given by a school nurse but may be given by trained and supervised school staff.
- I release school staff from any liability in the administration of this medication at school.
- Medical/medication information may be shared with school staff working with my child and 911 staff if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the LHP. Student is encouraged to wear a medical ID bracelet identifying the medical condition.
- I request and authorize my child to carry and/or self-administer their medication. ☐ Yes ☐ No
- Students who misuse or abuse medications may be subject to violating the Code of Conduct.

Parent/Guardian Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Device(s) if any: \_\_\_\_\_ Expiration date(s): \_\_\_\_\_

School Nurse Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

A meeting will be scheduled with parent(s)/ guardian(s) and school staff.