

**GASTON COUNTY SCHOOLS**  
**PHYSICIAN ORDER AND TREATMENT PLAN FOR STUDENT WITH**  
**ANAPHYLAXIS**

(This form replaces the Authorization of Medication for Students in School Form.)

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
DIAGNOSIS: \_\_\_\_\_  
KNOWN ALLERGEN: \_\_\_\_\_

<b>TREATMENT PLAN</b>
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MEDICATION/DOSAGE: \_\_\_\_\_  
INDICATIONS/INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_

MEDICATION/DOSAGE: \_\_\_\_\_  
INDICATIONS/INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_

Student understands and has been instructed in self-administration of the medication(s) for anaphylactic reactions. YES/NO

Student has demonstrated the skill level necessary to self-administer the medication(s) for anaphylactic reactions. YES/NO

**If the questions above are answered yes and the student is able to self - administer his or her medication, the Gaston County Board of Education and its agents are not liable for injury from the student's possession and self-administration.**

<b>EMERGENCY PLAN</b>
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**CALL 911 IF EPINEPHRINE AUTO-INJECTOR IS ADMINISTERED OR FOR SIGNS OF SEVERE ANAPHYLAXIS.**

COMMENTS \_\_\_\_\_

I hereby give permission for school personnel to contact my child's physician and exchange information regarding my child's health needs.

Parent/Guardian (Signature)	date	Health Care Provider (Signature)	date	Printed Physician name or clinic stamp
		Telephone #		

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Session Law 2005-22, House Bill 496, chapter 115c, article 26a-375.2). If a student uses anaphylaxis medication prescribed for the student in a manner other than as prescribed, a school may impose on the student disciplinary action according to the schools disciplinary policy. A school may not impose disciplinary action that limits or restricts the student's immediate access to the anaphylaxis medication.