

TORAH ACADEMY OF BOCA RATON ALLERGY INFORMATION FORM

Date: _____

Child's Name: _____

1. To what is your child allergic?

2. What reaction does your child have?

_____ Immediate _____ Delayed _____ Local _____ Generalized

Please describe:

3. Has this condition been diagnosed by a physician? _____ Yes _____ No

4. Has hospital emergency room care ever been required? _____ Yes _____ No

5. Will medication need to be given at school? _____ Yes _____ No
(If yes, please request the appropriate medication forms, which must be completed by you
and your physician.)

6. Is there any other information the school should know about?

Please send in the following:

1. A signed letter from your doctor with instructions the school is to follow in the event that your child experiences an allergic reaction while at school.
2. Two epinephrine kits, if prescribed (Epipen), or other medication to be used if an allergic reaction occurs.
3. Authorization to Medicate form for the epipen.

If you have any questions, please contact the administration. Thank you.

TORAH ACADEMY OF BOCA RATON

ASTHMA INHALERS USAGE FORM

Parents: So that we may provide the best care for your child, please complete this form and return it to the school medication assistant. If any changes occur during the year, please notify that person.

Choose the option you want for your child.

Option #1

The student comes to the office where the inhaler is kept and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and records will be kept.

A number of students keep inhalers in the office and come before PE or recess or as needed.

All medications brought to school must be in their original container. Prescription medications require a parental/physician form to be filled out and sent with the medication. Over the counter asthma medications require written parental permission to be sent with the medication.

Option #2

QUALIFIED students will be allowed to carry their inhalers. The advantage is that it is immediately accessible. A spare inhaler provided by the parent may be kept for them in the office should they forget theirs or run out.

CONTRACT BETWEEN STUDENT, PARENTS, MEDICATION ASSISTANT AND DOCTOR FOR PERMISSION TO CARRY INHALERS

1. Student has demonstrated to the medication assistant correct use of the inhaler.
2. Student agrees to never share the inhaler with another person.
3. Student agrees that, after two puffs, if there is not marked improvement, he/she will see the medication assistant immediately.

Student Signature _____ Date _____

I give permission for my child _____ to carry the inhaler(s) described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

Name of Medication Dose Frequency of Use

Name of Medication Dose Frequency of Use

Physician Signature _____ Date _____

Print Physician Name _____ Phone _____

Parent Signature _____ Date _____

School Medication Assistant Signature _____ Date _____

B'H

TORAH ACADEMY OF BOCA RATON
447 NW SPANISH RIVER BOULEVARD
BOCA RATON, FLORIDA 33431

DIRECTIONS:

PARENTS/GUARDIANS

- A. Parents/guardians are to fill out PART I of this form, and**
- B. Send form to physician**

PHYSICIAN

- A. Physician fill out**
 - PART II, and**
 - B. RETURN to address above**
-

IMPORTANT INFORMATION

School Medication Procedures

1. All medications to be taken at school (prescription or non-prescription) must be brought to our office with an Authorization to Medicate form. In no case may a student administer medication to himself/herself. Any medication (prescription and non-prescription) found in the possession of a student will be confiscated. No child should have any medicine on his/her person or in his/her lunch box/bag.
2. No medication will be administered in school or during school sponsored activities without the parent/guardian's signature and physician's signature on the AUTHORIZATION TO MEDICATE form.
3. The parent/guardian is responsible for submitting a completely new AUTHORIZATION TO MEDICATE form to the school each time there is a change of dosage or time of administration, as well as providing medication to cover for the appropriate length and dosage.
4. Parent/guardian's signature and physician's signature on a new AUTHORIZATION TO MEDICATE are required for each episode of illness and for each medication ordered.
5. All medications for students will be kept secure and accessible only to authorized administering personnel. The school assumes no responsibility for the possible loss of the medication.
6. One week after expiration of the physician's order, a parent/guardian must personally collect any unused portion of the medication. Medication not claimed within one week of expiration of the physician's order will be destroyed.
7. Torah Academy of Boca Raton does not assume responsibility for prescribed medication or non-prescribed medication administered by the student to himself/herself.
8. In no case may any school staff member administer any medication, except Tylenol or Advil, outside the framework of the procedures above.