



Owensboro Catholic Schools

Owensboro Catholic Schools
Consent for Non-Prescription Medications Provided by the Schools
(As Approved for 2008-2009 Academic Year)
[Addendum 1]

Student's Name _____ Grade _____ Age _____ Birthday ____/____/____
(Last name) (First name) (MI)

FOR THE STUDENT WITH NO KNOWN &/OR PRIOR Hypersensitivity Reaction/Allergic Reaction/Anaphylaxis, oral Benadryl (or generic equivalent) will be available at your child's school & will be an option for you to choose for your child if any of the following signs/symptoms are present. Hypersensitivity reaction is a potentially fatal allergic reaction occurring within seconds to minutes after exposure to an antigen. Common antigens are penicillin and other antibiotics; biologicals, such as serums, vaccines, tetanus, toxoid; injectable or oral medications; insect bites or stings; foods; allergy extracts; latex exposure; blood transfusions; narcotics, etc. For example, your child may have never been allergic to bees or nuts previously, but after stepping on bee or eating a peanut butter sandwich, the once non-allergic child may immediately start having symptoms of an allergic reaction. Reactions can range from mild (i.e. rash) to severe (i.e. anaphylaxis/death). Oral Benadryl (or generic equivalent) would be given to help lessen the severity of the child's allergic reaction, while awaiting the arrival of EMS.

- Hypersensitivity reaction symptoms may include :

Table with 2 columns: Symptom Category and Description. Rows include MOUTH, *THROAT, SKIN, GUT, *LUNGS, *HEART, and MOOD.

Treatment:

Table with 3 columns: AGE/WEIGHT, DOSE, and INDICATIONS. Title: ORAL BENADRYL Protocol (or generic equivalent diphenhydramine) LIQUID= 12.5 mg per 1 teaspoon.

Medication will not be given unless the student is fully awake, able to sit up, able to talk, & able to swallow. EMS may be summoned & Parent/guardian will be contacted if oral Benadryl (or generic equivalent) is given to student for any of the above mentioned symptoms. Student will be continuously monitored by OCS staff until Parent/Guardian &/or EMS arrives to assume care of student.

By signing this document, you are giving your consent for your child to receive the specified non-prescription/over-the-counter medication(s) on an "as needed" basis during the 2008-09 academic year, in accordance with the manufacturer and pediatric guidelines, as indicated by signs, symptoms, &/or complaints that your child may have. I hereby agree to the terms listed on this document and release and hold the medication administration staff in the Owensboro Catholic Consolidated Schools and OMHS staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from administration of the medications listed above.

Parent/Guardian Signature _____

Date _____