

GASTON COUNTY SCHOOL NURSING PROGRAM
PARENT LETTER
ANAPHYLAXIS

Dear Parent,

This is to inform you there is a law, House Bill 496, GS 115C-375.2, adopted in April 2005. This law requires that local school boards adopt a policy permitting students with anaphylaxis to possess and self-administer medication for anaphylactic reactions during the school day. You can find detailed information about this law and the recommended guidelines at the following web addresses:

- http://www.aanma.org/pdf/ch_bill_northcarolina.pdf
- <http://www.dpi.state.nc.us/>
- <http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2005&BillID=H496>

You have informed us your child has severe allergic reactions (anaphylactic) and may require medication immediately.

You can help us keep your child as safe as possible by completing and returning the following to the school nurse at the beginning of the school year or as soon as possible:

- 1) "Physician Order and Treatment Plan" form to be completed by doctor and parent.
- 2) "Parent Responsibilities" form to be reviewed and signed by parent.
- 3) If allergic reaction is to a food, please be sure a current "Diet Order" is on file with school nutrition.
- 4) Obtain a "Medic Alert" bracelet/necklace (through pharmacy or doctor's office) and have your child wear it at all times.
- 5) Remember to discuss appropriate care/treatment with after school care provider.
- 6) NOTIFY TEACHER AND OFFICE OF ANY INFORMATION CHANGES.

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____ HOME PHONE _____

PARENT/GUARDIAN NAME _____ DAY PHONE _____

(If parent can't be reached immediately)

EMERGENCY NAME _____ DAY PHONE _____ DOCTOR'S

NAME _____ PHONE _____

LIST PAST REACTIONS/SYMPTOMS & TREATMENT NEEDED _____

PARENT SIGNATURE _____ DATE _____

Thank you for helping us provide as safe an environment as possible for your child. If you have questions or need to talk with the school nurse, please call the school.

School Nurse _____ School phone _____ Date _____