



Florida Department of Health in Miami-Dade School Health Program
Roles and responsibilities: Severe Allergies

Student: _____ ID# _____ Grade: _____ DOB: _____
 Teacher(s): _____ School Year _____

Responsibilities and Agreements		
School	Family	Student
Epinephrine auto injector kept in: Clinic Main Office Classroom Student Book Bag Other: _____	Provides medication and supplies for school site Pick-up and replace any expired medication Med Name/Exp Date: _____ Med Name/Exp Date: _____	Report any allergic reactions to school staff
UAP to administer medication(s) per MDCPS trainings (i.e., review action plan, recognize symptoms, and respond): _____ _____	Keep school staff informed of any changes in student condition, medication(s), and updated emergency contact information Any change in the medication regimen requires new medication authorization forms	Do not trade food with others and avoid known allergens
School Grounds Prevention: contact MDCPS Safety and Emergency Management for control of insects and safety of environment	Parent or designated adult, as noted on the emergency contact card, to respond to school when called	If applicable, carry epinephrine auto injector as directed by healthcare provider
Cafeteria to provide allergen free table and clean table with disposable paper towel and MDCPS approved cleanser after every use	If applicable, check if student is carrying epinephrine auto injector, as directed by the healthcare provider	Wear a medical identification tag or jewelry
Administration to contact 911/parent/guardian in case of an emergency	Pick-up any unused medication at the end of the school year	Demonstrate competence in the use of the epinephrine auto injector
Administration and/or security to direct EMS to the emergency		
CPR Certified Staff: _____ _____		
Security/Teacher to carry school two-way radio and/or have emergency intercom access		
Allergy Action Plan to be available to "need to know" staff		
Assign staff to administer medication on field trips, if applicable		

Parent/Guardian Signature

Principal/School Administration Designee

School Nurse

Date

Date

Date