

**MOSINEE SCHOOL DISTRICT**  
**FOOD SENSITIVITY/INTOLERANCE**  
**INFORMATION & TREATMENT FORM**

Food sensitivity/intolerance has been noted to be a concern for your child. Please provide additional information regarding your child's reaction(s) to this food.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Food or foods sensitive to/intolerant to: \_\_\_\_\_

**If you feel your child's food sensitivity/intolerance is no longer a medical concern for the schools, please check the following box, sign below, and return this form to school for our records.**

My child's food sensitivity/intolerance is not currently active. He/she is not under treatment for this condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child's reaction to this/these foods includes:

Nausea, stomach upset, indigestion

Abdominal discomfort, cramping, diarrhea

Facial /mouth itching

Other Describe: \_\_\_\_\_

The symptoms above occur:

Almost immediately

Within a few minutes

Within 30 minutes to 2 hours

My child has been seen by a doctor for his/her allergy:  yes  no

Treatment my child usually receives for his/her reaction: \_\_\_\_\_

If my child eats the food he/she is sensitive to while at school, the following treatment should be given:

Call parent/guardian to send home if experiences abdominal cramping/diarrhea

Give over-the-counter medication (not prescription) as follows\*:

Name of medication: \_\_\_\_\_

Amount /dosage: \_\_\_\_\_

**\* Over-the-counter medication must be sent to school with a completed upper portion of the Medication Authorization Form (see reverse).**

Provide additional instructions regarding classroom snacks, treats, cold lunch, hot lunch program, etc.:

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MOSINEE SCHOOL DISTRICT PARENT / PRACTITIONER MEDICATION AUTHORIZATION

(Practitioner includes physician, dentist, podiatrist, optometrist, physician assistant and advanced practice nurse practitioner per 2001 Wisconsin Act 83.)

ALL medications given at school must have written permission by the parent/guardian. ALL **prescription** medication given at school, including students who carry and self-administer inhaler and Epi Pens, must have written instructions signed by the practitioner AND the parent/guardian. No practitioner signature is required for over-the-counter (non-prescription) medication *providing* the dose is within the manufacturer's guidelines and does NOT contain aspirin.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Diagnosis(es) \_\_\_\_\_

Medication(s)	Dosage & Route	Times Given at School	Specific Instructions

Medication order effective from: \_\_\_\_\_ until: \_\_\_\_\_

**SELF-CARRY MEDICATION SECTION**

Student can correctly use his/her medication?  Yes  No

Inhaler for breathing conditions: May carry self-administer?  Yes  No

Epi Pen for severe allergic reaction: May carry self-administer?  Yes  No

Insulin for diabetes: May carry self-administer:  Yes  No

Other medication: \_\_\_\_\_ May carry self-administer?  Yes  No

**PRACTITIONER SIGNATURE SECTION**

Practitioner signature directs the above medication administration and indicates willingness to communicate with school staff regarding this medication.

Practitioner Signature: \_\_\_\_\_

Practitioner Name, Address, Phone: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE SECTION**

I hereby give permission to staff designated by the school principal or nurse to give the above medication to my son/daughter according to the instructions stated above and authorize them to contact the practitioner, if necessary.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**It is understood that:**

1. All medications must be in an original container. Original pharmacy container must include the student's name, name of medication, dose, and time of administration on the label. Over-the-counter (OTC) medication must be in the original bottle/box/container and must include dosing instructions (quantity and frequency of administration with age). Meds sent in baggies, Tupperware, etc. will NOT be given.
2. Whenever possible, medication will be administered at home, before and/or after school hours.
3. Whenever there is any change in instructions for the above medication/s, a new form MUST be completed. A new form must also be completed for each and every school year.
4. Students who self-carry medications are responsible for taking these medications on all field trips.
5. Students will be sent by rescue squad to the emergency room after using an Epi Pen or Glucagon.