

MEDICATION AUTHORIZATION FORM

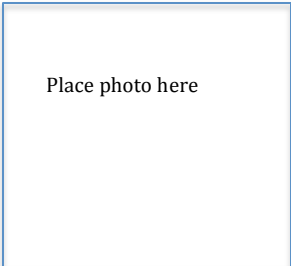
SCHOOL YEAR _____

San Carlos School District

1200 Industrial Rd. Unit 9

San Carlos, CA 94070

SCHOOL _____ FAX _____



Student Name: _____ DOB: _____

Parent's Name: : _____ Phone: _____

Emergency Contact: _____ Phone: _____

When the district has received written orders from the student's physician and written permission from the parent/guardian, the school nurse or other designated personnel under supervision of the SCSD school nurse shall **assist** the student in taking the medication. All medication must be brought to school in an **original container and appropriately labeled** by the pharmacist. Parents/guardians may request that the pharmacist dispense two bottles of medication – one for home and one for school. Written permission must also be provided for students to carry and self-administer prescribed medication. (CA Education Code 49423; SCSD Board Policy 5141.21)

To Be Completed By Health Care Provider

Medication	Reason	Dosage	Route	Time	Refrigerate? (Y/N)	Self-Administer?	Self-Carry? (Y/N)

Diagnosis/Significant Findings: _____

This Box Only Needs To Be Completed If Student Has ASTHMA

To provide assistance to a student experiencing asthma symptoms:

If you see or hear the following symptoms, follow Health Care Provider Orders

•Noisy breathing •Coughing •Shortness of breath •Complaint of chest tightness •Difficulty breathing •Other _____

Health Care Provider Orders

- Stay with student, speak softly, and stay calm.
- Keep student sitting upright and encourage slow deep breathing.
- Give quick relief medication (albuterol inhaler 2 puffs **with spacer**)
Other quick relief medication: _____ Location of medication: _____
(school to complete)

- Have helper call guardian and school nurse.
- If symptoms do not improve, repeat in 5-10 minutes.
- Call 9-1-1** if you see any of the following: **Student having trouble walking or talking, stooped body posture, skin pulling in around collarbone and ribs with breathing, continuous coughing, or lips or fingernails turning gray, blue, or purple.**
May give 3-4 puffs albuterol every 20 minutes (3 times maximum) until medical help arrives.

Does student need medicine before PE or sports? No Yes
Albuterol Inhaler: 2 puffs with spacer, 15-20 minutes before exercise Other quick relief medication _____

Health Care Provider Signature: _____ Date: _____

Address: _____ Phone: _____

To be completed by parent or guardian:

I authorize the school nurse and/or other trained school personnel to assist my child in taking his/her medications and treatments, and I authorize the nurse to consult with the Health Care Provider about my child's medical needs as necessary while my child is at school.

Parent Signature: _____ Date: _____