



San Ramon Valley Unified School District  
**Anaphylaxis and Allergy**  
**Medication Orders And Administration Record**

**STAFF CHECK OFF**

Meds Rc'd \_\_\_\_\_ Orders Rc'd \_\_\_\_\_  
 Parent Permission \_\_\_\_\_  
 Carries Meds \_\_\_\_\_ Backup in office \_\_\_\_\_

School: \_\_\_\_\_ School Year: **2022 - 2023**

<b>Student's Name:</b> _____	<b>Grade:</b> _____	<b>Date:</b> _____
<b>ALLERGY TO:</b>	NUTS PEANUTS SHELLFISH FRUITS EGGS DAIRY FISH WHEAT VEGGIES	
	SPECIFICS: _____ OTHER: _____	
	BEE ALLERGY: REACTION: _____ OTHER: _____	
Asthmatic: <input type="checkbox"/> Yes* <input type="checkbox"/> No * High risk for severe reaction		

**MEDICATION ORDER: TO BE COMPLETED BY YOUR MEDICAL PROVIDER**

**ANTIHISTAMINE** Administer:  as needed for allergic reaction  Other: \_\_\_\_\_

**BENADRYL**

Liquid - 12.5mg/5ml  Liquid - 25mg/5ml Dosage: \_\_\_\_\_ mg = \_\_\_\_\_ ml = \_\_\_\_\_ tsp

Tablets/Capsules 12.5mg  Tablets/Capsules 25 mg Dosage: # of pills \_\_\_\_\_ = \_\_\_\_\_ mg

**ZYRTEC:**  5mg;  10mg Instructions: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

SCHOOL USE: Exp. Date: \_\_\_\_\_

**INHALER (MDI):**  Albuterol  ProAir  Proventil  Ventolin  Other: \_\_\_\_\_

**Administer:**  2 puffs orally every 4 – 6 hours as needed for wheezing/shortness of breath

With spacer  other: \_\_\_\_\_

SCHOOL USE: Exp. Date: \_\_\_\_\_

**EPINEPHRINE AUTO INJ:**  EpiPen  Auvi-Q  Epi Auto Inj (Generic)  0.15 mg;  0.30 mg

Administer: inject into lateral (outer) thigh and hold for 5-10 seconds. Rub area after injection. Call 911/parents.

SCHOOL USE: Exp. Date: \_\_\_\_\_

**PERMISSIONS:**

Student may carry epinephrine auto-injectors while at school	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Provider Initial _____
Student is trained in epinephrine auto-injectors self administration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Provider Initial _____
Student may self-medicate when needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Provider Initial _____

**PARENT/STUDENT ACKNOWLEDGEMENT: We agree with the above allergy plan:**

Student Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZING Health Providers SIGNATURE:** \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE STAMP

**Anaphylaxis and Allergy  
Medication Orders and Administration Record**

**FOR SCHOOL USE: Record of Administration**

<i>Date</i>	<i>Describe Reaction</i>	<i>Medication Given</i>	<i>911 called</i>	<i>Parents Called</i>	<i>Admin Notified</i>	<i>Initials</i>

**INDIVIDUALS ADMINISTERING MEDICATION:** Initial \_\_\_\_ Name \_\_\_\_\_ Initial \_\_\_\_ Name \_\_\_\_\_  
 \_\_\_\_MEDICATION PICKED UP BY PARENT. Date \_\_\_\_\_  
 \_\_\_\_MEDICATION NOT PICKED UP. DISCARDED BY: Staff initial \_\_\_\_ Staff initial \_\_\_\_ Date \_\_\_\_\_

**MEDICATION AT SCHOOL SRVUSD POLICY:**

If your child must take medication at school, please note:

- The Medication at School form must be completed each year and kept on file in the school office. You are required to submit a new form annually.
- A student may not possess any medication (prescription or OTC) at school, walking to and from school, or on a school bus (except inhaled asthma medication and epinephrine auto-injectors if authorized by the physician on this form).
- Medication must be brought to school by a parent or adult representative in the original pharmacy container.
- Over-the-counter drugs must also have a Medication at School form on file.
- All medications shall be kept in the nurse’s office. If needed, the medication can be held in the classroom or carried by the student. Students must have parental permission and medical authorization to carry their medications (see section III on the backside of this form). Students are only allowed to carry an asthma inhaler or an epinephrine auto-injector.
- Parents need to submit updated Medication at School forms yearly or with a dosage change.
- At the end of the school year or when a medication expires, a parent or adult representative must pick up unused medicine.
- All medication is discarded if not picked up during the last month of school.
- A student may be subject to disciplinary action for the misuse of any medication

**These requirements are provided by law: Educational Code 49423 & 49423.1**

49423 and 49423.1. (a) Any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician, may be assisted by the school nurse or other designated school personnel.

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine or inhaled asthma medication, the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and confirming that the pupil is able to self-administer auto-injectable epinephrine or inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil, consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability.

(3) The written statements shall be provided at least annually and more frequently if there are any changes to the medication, dosage, or frequency of administration.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900, if that pupil uses auto-injectable epinephrine or inhaled asthma medication in a manner other than as prescribed.

*For further information or assistance, contact your school or the health educator/school nurse assigned to your school.*