



School: _____ Fax #: _____

Anaphylaxis and Allergy: Medication Orders (Form A) and Administration Record

School: _____ School Year: _____

Student: _____ Grade: _____ Date: _____

Table with columns for Allergic to (Nuts, Peanuts, Shellfish, Fruits, Eggs, Dairy, Fish, Wheat, Veggies, Soy, Sesame), Specifics, Bee Allergy, Reaction, Other, and Asthmatic status (Yes/No, High risk).

Medication Order: To Be Completed By Your Medical Provider

Antihistamine: Administer: [] as needed for allergic reaction [] Other: _____

Benadryl

[] Liquid [] 12.5 mg/5 ml: _____ mg = _____ ml

[] Tablets/Capsules 12.5mg [] Tablets/Capsules 25 mg Dosage: # of pills _____ = _____mg

Zyrtec: [] Liquid (1 mg/ml) _____ mg = _____ ml

[] Tablets/Capsules: [] 2.5 mg; [] 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-Injector: [] 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. Call 911/parents. School Use: Exp. Date: _____

Permissions:

Student may carry epinephrine auto-injectors while at school

[] Yes [] No

Medical Provider Initial _____

Student is trained in epinephrine auto-injectors self administration

[] Yes [] No

Medical Provider Initial _____

Student may carry and self-medicate asthma inhaler

[] Yes [] No

Medical Provider Initial _____

Parent and Student Authorization: We agree with the above allergy plan:

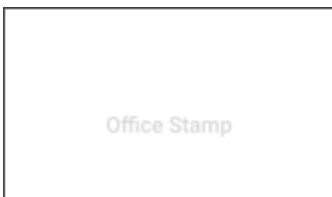
Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Health Providers SIGNATURE: _____ Date: _____



Anaphylaxis and Allergy: Medication Orders (Form A) and Administration Record (page 2)

FOR SCHOOL USE: Record of Administration

Date	Describe Reaction	Medication Given	911 called	Parents Called	Admin Notified	Initials

Individuals Administering Medication: Initial _____ Name _____ Initial _____ Name _____

Medication Picked Up By Parent. Date _____ Staff Initial: _____ Name: _____

Discarded By: Date _____ Staff Initial: _____ Name: _____

Information Administration of Medication at School

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

- 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 when authorized by the physician on this form).
- A parent or adult representative must bring medication to school in the original pharmacy container.
- Over-the-counter drugs must also have a Medication at School form on file.

Storage of medication will be in the nurse’s office. The medication can be held in the classroom if needed. Students must have parental permission and medical authorization to carry their medications (see *section three* on the front side of this form). Students are only allowed to carry an asthma inhaler or an epinephrine auto-injector.

- Parents must 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 misusing any medication

Educational Code 49423 & 49423.1

(a) During the regular school day, any pupil required to take medication prescribed for them by a physician may be assisted by the school nurse or other designated school personnel.

- (b)(1) For a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision, 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) 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 school nurse.