

**Santa Maria Joint Union High School District
Parent Consent and Healthcare Provider Authorization
For Management of Asthma/Allergies at School and School Sponsored Events**

Pupil: _____ **DOB:** _____ **School:** _____ **School Year:** _____ **Grade:** _____

Healthcare Provider:

Please check all boxes that apply.

1. Medication Orders (complete only if medication is needed at school):

Medication: _____
 Spacer Required: No Yes
 Administration times (fill in times for only those that apply):
 Daily at _____.
 PRN for s/s asthma/allergy episode
 Other: _____
 Medication administration via:
 MDI Nebulizer Other: _____
 Medication Dose:
 2 puffs every 4 hours Other: _____

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 Spacer Required: No Yes
 Administration times (fill in times for only those that apply):
 Daily at _____.
 PRN for s/s asthma/allergy episode
 Other: _____
 Medication administration via:
 MDI Nebulizer Other: _____
 Medication Dose:
 2 puffs every 4 hours Other: _____

2. Authorized Health Care Provider Verification: Student can self-perform the following procedures (parent and school nurse must verify competency as well):

- A. Inhaler use Green zone treatment
 Spacer use Yellow zone treatment
 Peak flow use
- B. The student is both capable and responsible for self-administering his/her asthma treatment
 No Yes, supervised Yes, unsupervised
- C. The student may carry his/her medications:
 No Yes

3. Asthma or Allergy Triggers:

- animals pollens strong odors
- exercise weather dust mites
- molds bee/insect sting food: _____
- respiratory infections other: _____

4. Peak flow monitoring times:

- PRN symptoms of asthma or allergy episode
- Other: _____

5. Peak flow monitoring results:

- A. Green Zone: Peak flow between: ____ to ____
- B. Yellow Zone: Peak flow between: ____ to ____
- C. Red Zone: Peak flow between: ____ to ____

6. Exercise (check and/or complete all that apply):

- No exercise if most recent peak flow result less than _____
- Daily peak flow monitoring
 - before recess
 - before P.E.

7. Additional Orders:

AUTHORIZED HEALTH CARE PROVIDER AUTHORIZATION

My signature below provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state law governing school health services. I understand that specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization (may be faxed).

- I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that he/she can carry and use that medication by him/herself.
(student's name)
- I request that the school nurse provide me with a copy of the completed Individualized School Healthcare Plan (ISHP).

Authorized Healthcare Provider:

Signature _____ Date: _____

Phone Number _____ FAX _____

Stamp Physician Name/Address Below:

PARENT OR GUARDIAN CONSENT FOR MANAGEMENT OF MEDICATIONS AT SCHOOL AND SCHOOL SPONSORED EVENTS

I, the undersigned parent/guardian of the above named student, request that the prescribed medication be **administered and/or assisted by trained school personnel** to my child in accordance with the state laws and regulations. I will:

1. Provide the necessary supplies and equipment.
2. Notify the school nurse if there is any change in student health status or attending physician.
3. Notify the school nurse immediately and provide new consent for any changes in doctor's orders.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

Initial:

_____ **I authorize the school nurse to communicate with the physician when necessary.**
 _____ **I request a copy of the completed Individualized Healthcare Plan from the School Nurse**
 _____ **I hereby authorize the School Nurse to release the completed Individualized Healthcare Plan to my student's instructors, healthcare staff.**

Self-administration

I request that my child be allowed to carry and self-administer his/her Inhaler or Epi-pen. I agree to and do hereby hold the District and its officers, agents, employees and/or volunteers harmless for any and all claims, demands, causes of actions, liability, damages, expenses, or loss of any sort, including bodily injury or death, because of or arising out of actions of omissions with respect to the administration of the medication (s).

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

NOTE: ALL MEDICATION MUST BE PRESCRIBED, INCLUDING OVER-THE-COUNTER MEDICATIONS. MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER AND THE LABEL MUST INCLUDE THE CHILD'S NAME, NAME OF THE MEDICATION, DOSAGE, METHOD OF ADMINISTRATION, AND THE NAME OF THE PHYSICIAN OR LICENSED HEALTH CARE PROVIDER. A PARENT OR AN ADULT MUST DELIVER MEDICATION TO THE SCHOOL.

NOTICE OF PROVISION

Legal References Governing the Administration of Medication in Schools In accordance with the California Education Code Sections 49423, 49423.5, 49480 And California Administrative Code, Title 5, 18170

California Education Code, Section 49423 Administration of prescribed medication for pupil

Notwithstanding the provisions of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated personnel if the school district receives:

- 1.) A written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in matters set forth in the physician's statement.
- 2.) A written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in matters set forth in the physician statement.

California Education Code, Section 49423.5 Specialized physical health care services

- a. Notwithstanding the provisions of Section 49422, any individual with exceptional needs who requires specialized physical services, during the regular school day, may be assisted by the following individuals:
 - 1.) Qualified persons who possess an appropriate credential issued pursuant to Section 44267, or hold a valid certificate of public health nursing issued by the State Department of Health Services or
 - 2.) Qualified designated school personnel trained in the administration of specialized physical health care provided they perform such services under the supervision of the school nurse, public nurse or licensed physician and surgeon.
- b. Specialized health care or other services that require medically related training shall be provided pursuant to the procedures prescribed by Section 49423.
- c. Persons providing specialized physical health care services shall also demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.
- d. "Specialized physical health care services" as used in the section include catheterization, gavage feeding, suctioning, or other services that require medically related training.
- e. Regulations necessary to implement the provisions of this section shall be developed jointly by the State Department of Health Services, and adopted by the State Board of Education.

California Education Code, Section 49480 Continuing medication regimen for non-episodic condition; required notice to school employees

The parent or legal guardian of any public school pupil on a continuing medication regimen for a non-episodic condition shall inform the school nurse or other designated certificated school employee or the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effect of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.

California Administrative Code Title 5, 18170 The agency shall follow these provisions pertaining to medication

1. An assigned staff member shall administer medications prescribed by a physician for a child provided written parental consent has been given.
2. Record medication dosages to the child and date and time medication is administered shall be maintained by the facility.
3. Centrally stored medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for health supervision. Each container shall carry the name of the medication, the name of the person for whom prescribed, the name of the prescribing physician and the physician's instruction. All centrally stored medication shall be labeled and maintained in compliance with State and Federal laws. Each person's medication shall be stored in its originally received container. **NO MEDICATIONS SHALL BE TRANSFERRED BETWEEN CONTAINERS.** The agency shall be responsible for assuring that a record of centrally stored prescription medications for each person in care includes: the name of the person for whom prescribed the drug name, strength and quantity, the date filled, the prescription number and the name of issuing pharmacy.
4. All medication shall be centrally stored in an area which is totally inaccessible to children.