

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT
Parent Consent and Healthcare Provider Authorization
Management of Anaphylaxis at School and School Sponsored Events

Student _____ **Birth date** _____ **School** _____ **Grade** _____

1. Allergens or factors causing anaphylactic reaction:

 _____ 2.
 Student's most common signs and symptoms:

 _____ 3.
 Student's typical reaction time after allergen exposure:

4. Date of last anaphylactic reaction

5. Medication – Epinephrine auto-injector:
 Epi-Pen 0.3 mg Epi-Pen Jr. 0.15 mg
 Twinject 0.3 mg Twinject 0.15 mg
 Other: _____

6. Administer epinephrine when:
 Student has severe symptoms of anaphylaxis: _____

 Student has definite exposure to allergen; No immediate symptoms noted.
 Student has any symptoms after suspected exposure to allergen
 Administer 2nd dose _____ min. after 1st dose if symptoms persist or recur
7. Medications administered after epinephrine
 None
 Antihistamine: _____
 Dose: _____ Route: _____
 Other medication: _____
 Dose: _____ Route: _____

NOTE: 911 emergency services will be called, and student transported to emergency room if anaphylactic reaction occurs and treated in school setting.

AUTHORIZED HEALTH CARE PROVIDER AUTHORIZATION

My signature below provides authorization for the above written orders. I understand that administration of medication to students will be implemented in accordance with state law governing school health services. I understand that administration of medication to students may be performed by unlicensed designated school personnel under the training and supervision provided by 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).

Independent management:

I have instructed _____ in the proper way to use his/her medication. It is my professional opinion that he/she can carry and administer his/her emergency medication or Epi-pen by him/herself.

Stamp Physician Name/address:

AUTHORIZED HEALTHCARE PROVIDER:

Signature _____ Date _____
 Phone Number _____ Fax _____

CONSENTIMIENTO DEL PADRE O TUTOR PARA EL MANEJO DE LOS MEDICAMENTOS EN LA ESCUELA Y EN EVENTOS PATROCINADOS POR LA ESCUELA
 Yo, el padre o tutor del estudiante mencionado, y que firmo abajo, pido que el medicamento antes mencionado, le sea administrada y/o asistida por personal de la escuela entrenado a mi hija/o en la escuela, de acuerdo a las leyes del estado y a las regulaciones. Yo:

- Llevare las cosas y el equipo necesarios.
- Le notificare a la enfermera de la escuela si hay en el estado de salud de mi hija/o o si cambia de doctor.
- Inmediatamente le notificare a la enfermera y daré un nuevo consentimiento si hay cambios en las ordenes que indique el doctor.

Firma del padre o tutor: _____ Nombre con letra de molde _____ Fecha _____

Iniciales: _____ Autorizo a que la enfermera de la escuela se comunice con el doctor cuando sea necesario.

_____ Solicito una copia del Plan Individual de Cuidado Médico completo de la enfermera de la escuela.

_____ Por medio de la presenta autorizo que la enfermera de el Plan Individual de Cuidado Médico a los maestros de mi estudiante, personal médico.

Nota: Todos los medicamentos deben ser recetados, incluyendo la medicina que se adquiere sin receta. Los medicamentos deben estar en un envase original y la etiqueta debe incluir el nombre del niño, el nombre de la medicina, la dosis, el método de administrarla, el nombre del doctor, o de la Agencia del Cuidado de la Salud con las Acreditaciones necesarias. UN PADRE O ADULTO DEBE TRAER EL MEDICAMENO A LA ESCUELA.

Autoadministración:

Yo el do permiso a mi hija/o para que lleve consigo y se auto-administre su medicina o Epi-PEN. Yo soy de acuerdo en que el distrito y sus oficiales no son responsables, ni tampoco sus agentes, empleados o voluntarios; no son responsables en caso de que surjan demandas, causas de acciones, responsabilidades, danos, gastos, o perdigadas de cualquier tipo, incluyendo daños físicos o muerte, debido a que se omita el uso o administración del medicamento.

Firma del Padre o tutor: _____ Nombre con letra de molde _____ Fecha _____

Reviewed by School Nurse _____ **IHP shared with** _____ **Date:** _____

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 in accessible to children.