

WILLIAM S. HART UNION HIGH SCHOOL DISTRICT
21380 Centre Pointe Parkway, Santa Clarita, CA 91350-2948

Physician Orders for Administration of Medication During the School Day & Allergy/Anaphylaxis Action Plan when Epinephrine is Ordered

In accordance with California Education Code section 49423, this form must be completed by an authorized California healthcare provider and be on file for any student who requires medication(s) during the regular school day.

School	School Phone Number	Health Office Extension	School Fax Number
Last Name of Pupil	First Name	Grade	Date of Birth

Authorized California Healthcare Provider to complete the following: (California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants-California Code of Regulations, Title 5, sections 601[a]).

Diagnosis	Name of Medication	
Dosage	Time to be Given	Method of Administration
Discontinue medication on (date)		

Student is authorized to carry, and is able to self-administer prescription for **asthma, diabetes,** or auto-injectable **epinephrine** (authorized licensed healthcare provider initials : _____).

Authorized Healthcare Provider Name (print)	Signature	Date
Phone Number	Fax Number	License Number

Sign/Symptoms of a Severe Allergic Reaction/Anaphylaxis:

- **Mouth:** Itching, tingling or swelling of lips, tongue, mouth.
- **Skin:** Itching or burning, hives, rash, swelling of face or extremities, flushing.
- **Stomach:** Nausea, abdominal cramps, vomiting, diarrhea.
- **Throat:** Tightening of throat, hoarseness, or change of voice, hacking or repetitive cough.
- **Lung:** Shortness of breath, wheezing, chest pain/tightness, nasal flaring or not being able to catch breath.
- **Heart:** Weak pulse, low BP, paleness, blueness, general body weakness, dizziness, fainting/unconsciousness.
- **Other:** Localized/general body swelling, apprehension/anxiety, red/itchy/watery eyes, sneezing/nasal congestion.

Action Plan for a Severe Allergic Reaction/Anaphylaxis:

1. Administer Epinephrine auto injector into lateral thigh muscle
2. Call 911, parent/guardian, and District Nurse
3. If allergy is to insect sting, remove the stinger.
4. Epinephrine medication may go on field trips; carried by parent or trained staff.

Parent/Guardian Authorization to complete the following:

I authorize the credentialed school nurse or other licensed healthcare provider (RN, LVN), trained Health Technician, or trained unlicensed volunteer school employee to administer the medication as directed by the authorized health care provider. I understand that the school nurse has my permission to communicate with the prescribing licensed health care provider on matters related to this medication.

Parent/Guardian Name (print)	Signature	Date
------------------------------	-----------	------

Additional Requirements:
Medication will not be given until this form is completed and on file in the school health office. A parent/guardian must bring the medication to the school and pick up any outdated unused or for home use medication. All medication must be in a container labeled by a pharmacist or prescribing physician. A current medication form must be on file. A new form for each medication must be completed and on file for each school year. Parents/Guardians must provide all materials or necessary equipment for medication administration. A copy of this Medication Order must be provided by the physician to the school nurse, Changes in prescribed dose and other details of medication administration must be provided to the school nurse, in writing, by the delegating physician. All medication not picked up by a parent/guardian on the last day of school will be discarded in accordance with district policy.