



# ANAPHYLAXIS / SEVERE ASTHMA MEDICATION AUTHORIZATION FORM (MAF)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

## MEDICATIONS (This section to be completed and signed by a Licensed Healthcare Provider \*)

### ANAPHYLAXIS

**1. Epinephrine Auto-injector**

0.3 mg IM  0.15 mg IM  \_\_\_\_\_

**Inject Intramuscularly in thigh**

**May repeat Epi auto-injector (if available) in 10-15 minutes if symptoms are not relieved or symptoms return and EMS has not arrived.**

**2. If Diphenhydramine is indicated, use Medication Authorization Form**

**Diet Prescription:**  No  Yes (HCP must complete and sign)

### ANAPHYLAXIS RELATED ASTHMA

**1. Type:**  Albuterol  Levalbuterol  Other \_\_\_\_\_

**Spacer:**  Yes  No **Nebulizer:**  Yes  No

**2. Dose:**  2 puffs  4 puffs  Other \_\_\_\_\_

**3. Time: every:**  2 hours prn  4 hours prn  6 hours prn

\_\_\_\_\_ minutes before PE/Recess  Other: \_\_\_\_\_

**4. May repeat after:** \_\_\_\_\_ minutes if no relief from first dose

Please list specific allergens: \_\_\_\_\_  
\_\_\_\_\_

### SELF-CARRY ORDERS Grades: 6-12 ONLY -for medications that are not controlled substances with School Nurse Approval)

Is student allowed to carry and self-administer the above medication(s)? (Please see "Prescribed Medications" on back)

\_\_\_\_ Yes [MD initial] (If Yes, please check below) \_\_\_\_ No [MD initial]

- Student has demonstrated correct Epi auto-injector use to HCP and may carry and self-administer Epi auto-injector.
- Student has demonstrated correct antihistamine use to HCP and may carry and self-administer antihistamine.
- Student has demonstrated correct inhaler use to HCP and may carry and self-administer inhaler.

### \* HEALTH CARE PROVIDER AUTHORIZATION

Medication orders and treatment plan expiration date:  end of school year  other: \_\_\_\_\_

HCP's Name: \_\_\_\_\_ HCP's Signature: \_\_\_\_\_

HCP Phone: \_\_\_\_\_ HCP FAX: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT/GUARDIAN (Please read and complete this section)

- I request that my child be allowed to take the medication(s) as described above. I understand that it pending school nurse approval.
- I request that authorized school staff assist my child in taking the medication(s) described above.
- I understand that school staff will attempt to administer medication(s) in a timely manner.
- I will provide the medication in the original, properly labeled container.
- I understand that my signature indicates my understanding that the school staff shall not incur any liability for any injury when the medication is administered in accordance with the health care provider's direction and in accordance with the District Policy and Procedure.
- I give permission for the exchange of information between school staff and health care provider.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ FAX: \_\_\_\_\_

## OVER-THE-COUNTER (OTC) and NON-PRESCRIPTION MEDICATIONS/PRODUCTS:

- **For Grades K-5:** All OTC and non-prescription medications/products need a Medication Authorization Form completed and signed by a Licensed Health Care Provider with prescriptive authority, parent/guardian and approved by the School Nurse.
- **For Grades 6-12:** Students may carry a reasonable amount (usually a two day supply) of over-the-counter medication (such as Tylenol or ibuprofen) for their own use with appropriate authorization from the parent/guardian and approved by the School Nurse.
- MUST be in original container labeled with the student's name.
- Sunscreen: Students in ANY grade may carry and self-administer non-prescription sunscreen at school. Students may not share sunscreen with other student. Parents/guardians should write their child's name on the sunscreen container. Only rub-on sunscreen is permitted; spray sunscreen is not allowed.

## PRESCRIBED MEDICATIONS:

- **For Grades K-5:** All prescription medications need a Medication Authorization Form completed and signed by a Licensed Health Care Provider with prescriptive authority, parent/guardian and approved by the School Nurse.
- **For Grades 6-12:** All prescription medication need a Medication Authorization Form signed by a licensed Health Care Provider with prescriptive authority, parent/guardian, and approved by School Nurse. Student may self-carry (usually a one day dose) and self-administer his/her own prescription medication (excluding controlled substances) when authorized by parent/guardians, Health Care Provider, and School Nurse. No controlled substances will be permitted for self-carry or self-administration, even with a Health Care Provider authorization.
- Medication must be in a properly labeled container from the dispensing pharmacy. Prescription label information must match Medication Authorization Form. A pharmacy can provide a labeled container for school upon request. The label must include:
  - Student's name
  - Name, strength and Dose of Medication
  - Time and Mode of Administration

## PLEASE NOTE:

- Requests for the administration of medication are valid only for the medication listed and the date indicated. Requests for medication administration must be re-authorized each school year.
- Medication administer by routes other than oral: topical medications, eye drops , and ear drops may be administer by authorized school staff after training from School Nurse. Nasal inhalers, suppositories, or non-emergency injections may only be given my licensed staff (RN or LPN).
- Epinephrine Auto-Injectors are the only injectors that school staff will be trained to administer to a student who is susceptible to a predetermined life-endangering situation.
- **All medication will be kept in the school office/health clinic unless otherwise directed by the Health Care Provider. Medications stored in this area may not be available to the student during non-school hours.**
- All students who need asthma or anaphylaxis medications may carry and self-administer them if the Health Care Provider authorizes that and the School Nurse determines the child can do so safely at school.
- Revocation of self-carry/administration privileges may occur if the student is found to not manage or administer the medications safely or within school or physician guidelines.
- It is the responsibility of the parents/guardians to assure that necessary emergency (rescue) medications are available to their student after school hours and while traveling to/from and during after school events.