

**ACADEMY OF THE HOLY NAMES
PARENTAL AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATION AT SCHOOL**

Parent and Health Care Provider signatures required

Student Name _____ Date of Birth _____

Parent's Name _____ Home Phone _____ Cell _____ Work _____

Student's Weight _____

When the school has received written orders from the student's physician and written permission from the parent/guardian, the school nurse or other designated personnel shall **assist** the student in taking the medication. All medication must be brought to school in an **original container and appropriately labeled** by the pharmacist. Parents/guardians may request that the pharmacist dispense two bottles of medication, one for home and one for school. Written permission must also be provided for students to carry and self-administer prescribed medication. **This includes EpiPen, Auvi-Q, Epinephrine Auto-Injectors, Inhalers and Diabetes Medication.**

To Be Completed By Health Care Provider

Name of Medication or Treatment	Reason	Dosage	Route	Time	Refrigerate? (Y/N)

Diagnosis/Significant Findings: _____

Allergies (Medication/Other substances) _____

This Box Only Needs To Be Completed If Student Has ASTHMA

To provide assistance to a student experiencing asthma symptoms:

If you see or hear the following symptoms, follow Health Care Orders

* Noisy breathing * Coughing * Shortness of breath * Complaint of chest tightness * Difficulty breathing * Other _____

Health Care Provider Orders

- Stay with student, speak softly, and stay calm
- Keep student sitting upright and encourage slow deep breathing
- Give quick relief medication Albuterol Inhaler 2 puffs **(with spacer if available)**

Other quick relief medication: _____ Location of medication: _____
(School to complete)

- Accompany student to Clinic or call school nurse
- If symptoms do not improve, repeat in 5-10 minutes and call parent/guardian
- Call 911 if you see any of the following: Student having trouble walking or talking, stooped body posture, skin pulling in around collarbone and ribs with breathing, continuous coughing, or lips or fingernails turning gray, blue, or purple**
May give 3---4 puffs albuterol every 20 minutes (3 times maximum) until medical help arrives.

Does student need medicine before PE or sports? No Yes

Albuterol Inhaler--- 2 puffs (with spacer if available)--- 15-20 minutes before exercise _____

Health Care Provider Signature: _____ **Date:** _____

Address: _____ **Phone:** _____

To be completed by parent or guardian:

I authorize the school nurse and/or other trained school personnel to assist my child in taking his/her medications and treatments, and I authorize the nurse to consult with the Health Care Provider about my child's medical needs as necessary while my child is at school.

Parent Signature: _____ **Date:** _____