PIEDMONT UNIFIED SCHOOL DISTRICT MEDICATION FORM

Return form to school with Parent and Health Care Provider signatures

Student Name _____ **Date of Birth**_____

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

Emergency Contact Name _____**Home Phone**_____ **Cell**_____

When the district has received written orders from the student's physician and written permission from the parent/guardian, the school nurse or other designated personnel under supervision of the PUSD school nurse 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. (CA Education Code 49423; PUSD Board Policy 5141.21).

To Be Completed By Health Care Provider

Name of Medication or Treatment	Reason	Dosage	Route	Time	Refrigerate? (Y/N)	Self-Administer?	Self-Carry? (Y/N)
						☐ No ☐ Yes, supervised ☐ Yes, unsupervised	
						☐ No ☐ Yes, supervised ☐ Yes, unsupervised	
						☐ No ☐ Yes, supervised ☐ Yes, unsupervised	
						☐ No ☐ Yes, supervised ☐ Yes, unsupervised	

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:

<u>If you see or hear the following symptoms, follow Health Care Orders</u>

☐ Noisy breathing ☐ Coughing ☐ Shortness of breath ☐ Complaint of chest tightness ☐ Difficulty breathing ☐ Other_____

<u>Health Care Provider Orders</u>

1. Stay with student, speak softly, and stay calm
2. Keep student sitting upright and encourage slow deep breathing
3. Give quick relief medication Albuterol Inhaler 2 puffs **with spacer**
   Other quick relief medication:_____ Location of medication: _____
   (School to complete)
4. Have helper call guardian and school nurse
5. If symptoms do not improve, repeat in 5-10 minutes.
6. **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, 15-20 minutes before exercise; Other quick relief medication

Health Care Provider Name (printed): _____**Signature:** _____ **Date:** _____

Address: _____ **Phone**:_____

<u>To be completed by parent or guardian:</u>

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:** _____

Revised 11/29/23