WILLIAM S. HART UNION HIGH SCHOOL DISTRICT

21380 Centre Pointe Parkway, Santa Clarita, CA 91350-2948

Physician Orders to Assist in the Delivery of Medication During the School Day
Asthma Action Plan

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 | Route

Discontinue medication on (date)

Student is authorized to carry, and is able to self-administer prescribed inhaler unless otherwise indicated by the Authorized California Healthcare Provider below.
STUDENT MAY NOT CARRY MEDICATION (Initials of Authorized Provider: __________).

Authorized Healthcare Provider Name (print) | **Signature** | **Date**

Phone Number | **Fax Number** | **NPI Number**

Sign/Symptoms (S/S) to watch for:

- Shortness of breath with coughing and chest tightness.
- Wheezing.
- Increased respiratory rate.
- Apprehension, anxiety, restlessness. Speaks only in single words or short phrases.
- Skin color may be pale or ashen and the lips and fingernails might be a bluish color.

Intervention:

- Assist student with asthma inhaler per physician orders.
- Student to remain in upright position. If s/s resolve, student can return to class.
- If inhaler does not work or second attack occurs-Call 911.
- Notify Parent & District Nurse.

1.

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 assist in the delivery of 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.