DELANO UNION SCHOOL DISTRICT

Office of Robert Aguilar, Superintendent A. Linda Hinojosa RN, BSN, PHN – Coordinator of Health Services Health Service Dept. 1842 Norwalk St. Delano, CA 93215 (661) 721-7036

PHYSICIAN'S AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

California Education Code 49423 provides that pupils required to take, during regular school days, medications prescribed by a physician may be assisted by the school nurse, or other designated school personnel, if the school district receives specified written statements from such physician and the parents or guardian of the pupil.

AUTHORIZATION TO ASSIST IN ADMINISTRATION OF MEDICATION

The administration of medication being requested below may be by the designated school personnel:

1. Name of Pupil	DOB:	School:
2. Address:		Telephone:
3. Physical Condition for which medication is to be given:		
4. Name of medication:		
5. Method of administration: Tablets:	Liquid: Inhaler: _	Other:
6. Dose:	Schedule of Doses:	
7. This medication is to be continued as above until:		
8. Precautions, possible reactions, and interventions:		
9. FOR ASTHMA ONLY: - Is child authorized to	self-medicate: YES	NO 🗌
- Does child need to ca	arry medication at all times?	YES D NO D
- If medicine is to be given "WHEN NEEDED" describe indications:		
10. For STINGING INSECT ALLERGY ONLY: If the following symptoms occur please check the appropriate.		
a. Choking Hives Skin Rash Swelling (eyes and lips) Loss of voice		
Breathing difficulty Loss of Consciousness Other :		
b. Check the appropriate box: EPI-Pen Jr. \Box EPI-Pen \Box (as directed)		
c. Transport student to nearest Emergency Room.		
d. Is the child authorized to self-medicate: YES NO		
e. Does child need to carry medication at all times? YES NO		
Physician Signature:		Date:
Address:		Phone:

**School Staff: Notify school nurse immediately when question(s) 9 or 10 are completed for ASTHMATIC AND/OR STINGING INSECT ALLERGY student(s).