



San Ramon Valley Unified School District
 699 Old Orchard Drive
 Danville, CA 94526

MEDICATION AND EMERGENCY HEALTH CARE PLAN FOR LIFE-THREATENING ALLERGIES

Allergic To:			
Student's Name:			
Student's Grade:		Birthdate:	
Asthmatic:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	*High risk for severe reaction

Place Student
Picture Here

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

Symptoms:

- **MOUTH** Itching & swelling of the lips, tongue, or mouth
- **THROAT*** Itching and/or a sense of tightness in the throat, hoarseness, & hacking cough
- **SKIN** Hives, itchy rash, and/or swelling about the face or extremities
- **GUT** Nausea, abdominal cramps, vomiting, and/or diarrhea
- **LUNG*** Shortness of breath, repetitive coughing, and/or wheezing
- **HEART*** "Thready" (weak) pulse, "passing-out"

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation!

ACTION IF INGESTION/EXPOSURE IS SUSPECTED:

1. GIVE MEDICATION:

Medication:		Dose:		Route:	
Medication:		Dose:		Route:	
Medication:		Dose:		Route:	
Medication:		Dose:		Route:	
Student may carry Epi-Pen on his/her person while at school				MD initial Yes ____ No ____	
Student is trained in Epi-Pen administration				MD initial Yes ____ No ____	
Student may self-medicate when possible* (with school nurse or administrator approval)				MD initial Yes ____ No ____	
Other medications that can be self-administered: please list				MD initial _____	

2. CALL 911 (notify EMS of any medication given)

3. CALL PARENT OR EMERGENCY CONTACT:

Parent:		Phone:	
Emergency Contact:		Phone:	

4. OTHER PHYSICIAN'S INSTRUCTIONS: _____

5. _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911 EVEN IF PARENTS CANNOT BE REACHED

AUTHORIZING PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

WE AGREE WITH THE ABOVE ALLERGY PLAN:

Student Signature: _____ DATE: _____

Parent Signature: _____ DATE: _____

ES:HLTH:11206
Revised 08/02/18

PHYSICIAN'S NAME & ADDRESS STAMP

Parent/Guardian Information Administration of Medication at School

If your child is under the care of a physician and must take medication during the school day for a specific medical diagnosis or condition, please read the information below.

The district's school nurses serve several schools and are not available on a daily basis to administer medication. As a result, nonmedical staff on the campus will most often perform this function. Consequently, you are encouraged, with the help of your physician, to work out a schedule to give medication outside school hours.

If your child must take medication at school, please note:

- This Medication Release form must be completed each year and kept on file in the school office. Annual updates are required by law.
- Student may not possess medication at school, walking to and from school, or on a school bus (exceptions are inhaled asthma medication and EPI PENS, as authorized by the physician on this form).
- Medication must be brought to school by a parent or adult representative in the original pharmacy container.
- Over-the-counter drugs must also have a Medication Release form on file.
- All medications must be kept in the office unless otherwise directed by the physician.
- With any dosage or prescription change and at the start of each school year, a new Medication Release form must be completed.
- At the end of the school year or when a medication expires, a parent or adult representative must pick up unused medication.
- All medication will be discarded if not picked up at the appropriate time.
- A student may be subject to disciplinary action for the misuse of any medication.

These requirements are provided by law: Educational Code 49423 & 49423.1

49423 and 49423.1. (a) Any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician, may be assisted by the school nurse or other designated school personnel.

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine or inhaled asthma medication, the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and confirming that the pupil is able to self-administer auto-injectable epinephrine or inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil, consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability.

(3) The written statements shall be provided at least annually and more frequently if there are any changes to the medication, dosage, or frequency of administration.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900, if that pupil uses auto-injectable epinephrine or inhaled asthma medication in a manner other than as prescribed.

For further information or assistance, contact your school or the health educator/school nurse assigned to your school.