

**Arena Union Elementary School
PHYSICIAN'S MEDICATION ACTION PLAN**

Completed by Parent:

_____/_____/_____
Student's Last Name First Date of Birth Teacher/Grade

The school recognizes the desirability of following physician's recommendations as near as possible at school. If your physician decides it is necessary for your child to receive a medication during the school day, the approval and specific directions must be provided to the school in writing. It is recommended the first doses of medication be administered at home.

This is a service that the school is not legally required to perform. In signing this form, this fact is recognized by all parties who subsequently agree to hold the district, its officers, employees or agents, harmless from all liability, suits, claims of whatever nature or kind which might arise out of these arrangements.

Inhalers: As of January 1, 2005, state law allows students with asthma to carry their own inhalers on campus as long as the students' parents and the physician give permission. Younger children may have difficulty with the responsibility of carrying an inhaler. Please discuss your child's circumstances with your physician. All students should have an extra inhaler in the school office. This way, a child will not be without an inhaler if they should misplace their own. Disciplinary action will be taken if the student misuses an inhaler in any way, including sharing it or spraying it at anyone. In these circumstances, your child will lose the privilege to carry their own inhaler.

- My child will carry his/her inhaler with him/her while at school. YES NO
- I want my child to receive his/her medication at school. YES NO
- I give my permission for the nurse/school personnel to administer medication to my child during the school day. YES NO

Parent or Guardian Signature

Date

*

Completed by Physician:

Name of medication:

***Inhaler User: Patient demonstrates maturity and responsibility to carry his/her personal inhaler.**

YES NO

Dosage, directions and circumstance of administration at school:

The school should be aware of the following possible side effect:

Print Physician name

Telephone number

Signature of Physician

Date of order

Revised 01/12/06