



# LITTLE LAKE CITY SCHOOL DISTRICT

10515 S. Pioneer Blvd., Santa Fe Springs, CA 90670 (562) 868-8241

## MEDICATION AUTHORIZATION

### SELF MONITORED ASTHMA INHALER AT SCHOOL

Little Lake City School District’s standard procedure is that all medication administered during the school day is to be stored in a locked cabinet in the school health office. If this student’s medical condition requires immediate administration of prescribed medication and the student’s well being is in jeopardy unless the medicine is carried on his/her person, the statement below needs to be signed.

Ed Code 49423.1 (2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), *the school district shall obtain both a written statement from the physician or surgeon* 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 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 if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.**

STUDENT’S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**Due to the severity of the asthma it is requested that the student be permitted to carry an inhaler or to keep it in the P.E. locker. This student has been instructed in and has demonstrated knowledge of the correct dosage and usage of the inhaler and its safe handling. We understand that the student will be solely responsible for the self-administration of the medication without any supervision or documentation of dose or frequency.**

Failure to follow the physician’s or school’s directions and endangering himself/herself or others will result in this privilege being revoked. (Medication will be stored in the office.) Examples include but are not limited to:

- Sharing inhaler with another student.
- Directing the spray at another student.
- Observed to be taking medication at much higher or more frequent dose than directed per Physician’s orders.
- Leaving the inhaler out unattended so other students have access.

If the school becomes aware of any unsafe medication related practices, the parent will be contacted.

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Date)

**This form must be completed for any student who requests permission to carry his/her own inhaler on campus or to keep it in his/her locker in addition to the “Authorization for Administering Medication Form” (Med-A).**



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## AUTHORIZACION PARA MEDICAMENTO

### INHALADOR PARA ASMA AUTO-ADMINISTRADO EN LA ESCUELA

El procedimiento estandar del Distrito Escolar de Little Lake City es que todo medicamento administrado durantee el dia escolar sea guardado en un gabinete con llave en la oficina de salud de la escuela. Si la condidicion medica de sete estudiante requiere la inhalcion inmediata del medicamento recetado y si el bienestar del estudiante esta en riesgo a menos que cargue el inhaldor con el/ella, entonces necesita firmar la siguiente declaracion.

Ed Code 49423.1 (2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), *the school district shall obtain both a written statement from the physician or surgeon* 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 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 if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.**

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_ FECHA DE NAC: \_\_\_\_\_

**Debido a la severidad del asma es necesario que se permita al estudiante que cargue un inhalador con el/ella o que lo guarde en su casillero de Educ. Fisica. Este estudiante ha sido instruido y ha demostrado conocimiento de la dosis y el uso correcto del inhalador y su manejo seguro. Entendemos que solamente el estudiante es responsable de la auto-administracion del medicamento sin ninguna supervisión o documentación de la dosis o frecuencia.**

**Si se falla al seguir las direcciones del medico o de la escuela y si pone en peligro a si mismo o a otros, el resultado sera la revocacion de este privilegio. (El medicamento se guardara en la oficina).**

**Los ejemplos incluyen pero no estan limitados a:**

- Compartir el inhalador con otro estudiante
- Dirigir el rociador del inhalador hacia otro estudiante.
- Ser observado usando el medicamento a una dosis mas alta o mas frecuente que la indicada por el medico.
- Dejer el inhalador desatendido de manera que otros estudiantes tengan acceso.

**Si la escuela es enterada de cualesquiera practicas relacionadas medicacion insegura, entraran en contacto con al padre.**

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Date)

Esta forma debe ser llenada para cualquier estudiante que solicite permiso para cargar su propio inhalador en el campo escolar o para guardarlo en su casillero además de la "Forma de Autorización para Administrar Medicamento" (Med-A).