

# CATHEDRAL CATHOLIC HIGH SCHOOL

## 2011-2012

### MEDICATION ADMINISTRATION AUTHORIZATION FOR INHALER / EPIPEN

If your child regularly takes over the counter (Tylenol, Ibuprofen, Benadryl) or prescription medications during the school day THIS FORM MUST BE FILLED OUT ANNUALLY BY YOUR CHILD'S PHYSICIAN

#### A. The following is to be completed by the PARENT:

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First MI Month Day Year

Physician's Name \_\_\_\_\_ ( ) \_\_\_\_\_ Telephone \_\_\_\_\_  
Address

I request that my child be assisted in taking the medicine(s) described below at school by authorized persons or be permitted to medicate herself/himself for the prescribed **\*inhaler and/or \*Epipen** authorized by physician and agreed to by me. (see below).

Parent/Guardian Signature \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Date Home Phone Emergency Phone

#### B. The following is to be completed by the STUDENT:

I understand the medical necessity that warrants keeping an (circle one) **inhaler/Epipen** on my person during the school day. I will keep this with me at all times and not allow anyone to use it other than myself for the purpose intended. I am knowledgeable about the purpose and self-administration of this medication.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### C. The following is to be completed by the PHYSICIAN:

Diagnosis for which the medication is given: \_\_\_\_\_

Student will be carrying an (circle one): Inhaler Epipen

NAME OF MEDICATION	DOSAGE	ROUTE	TIME OF DAY	START DATE	END DATE
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

If student will be carrying an inhaler or an Epipen because of medical necessity, the signatures on this form verify that he/she is medically capable of managing this medication without supervision.

Printed Name of Physician \_\_\_\_\_ License Number \_\_\_\_\_ Office Telephone \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

\*ALL MEDICATIONS MUST BE GIVEN TO THE NURSE IN THEIR **ORIGINAL CONTAINER**

\*Only Epipen and inhalers are allowed to be carried by a student, **and only** if the student has completed the above paperwork and it is on file in the Nurse's Office.

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