

Commission Leadership Academy Form 1702 Parent Request and Physicians' Order Form for Medication

Student Name:			DOB:	DOB: School: Scho		I Ye	ar:			
	Diagnosis	Name of Medication (Right Medication)	Dosage (Right Amount)	How to give (Right Route)	Time(s) to Give (Right Time)		Medio e/Sta			
Daily Medication(s)	□ ADHD□ Cystic Fibrosis□ Seizure□ Diabetes□ Other:					1	2	3	4	5
Emergency Medication(s)	Allergy	☐ Diphenhydramine (Benadryl)	☐ 12.5 mg ☐ 25 mg ☐ Other:	By Mouth	☐ Upon Exposure☐ Mild Reaction					
	Allergen:	☐ Epinephrine Auto Injector	□ 0.15 mg □ 0.3 mg	Intramuscular (IM)	☐ Upon Exposure☐ Severe Reaction☐ If provided, repeat dose after min for continued symptoms.					
	Seizures	☐ Diastat Gel	☐ 5.0 mg ☐ 7.5 mg ☐ 10.0 mg ☐ mg	Rectal	☐ At onset of seizure ☐ After 5 minutes ☐ After 10 minutes					
	Diabetes	□ Glucagon	☐ 0.5 mg ☐ 1.0 mg	☐ Subcutaneous (SQ) ☐ Intramuscular (IM)	If student becomes unconscious					
Asthma	Exercise Induced Asthma	☐ Albuterol ☐ Xopenex	☐ 2 puffs ☐ 1 vial (ampule)	☐ Inhaler with spacer,if provided☐ Nebulizer	Before exercise as needed to prevent symptoms					
	Asthma Yellow Zone	☐ Albuterol ☐ Xopenex	Please check one 2 puffs 4 puffs 1 vial (ampule)	☐ Inhaler with spacer,if provided☐ Nebulizer	Every 4 hours as needed to relieve symptoms					
	Asthma Red Zone	- □ Xopenex	Call 911 4 puffs 1 vial (ampule)	☐ Inhaler with spacer,if provided☐ Nebulizer	For Emergency Symptoms					
As Needed PRN Meds										
Physician Printed Name: Date: Telephone: MD Stamp belo									ow	
Physic	cian Signature:	-	_		Fax:					

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Non-medical personnel conduct the medication administration. It its imy responsibility to have an adult transport the medication to school. If medication is not available at the school, 911 will be called for emergencies. If my child participates in before/ater-school activities/sports, I will assume responsibility for contacting the advisor/coach of my child's medical condition. I will provide extra emergency medications that may be needed during the activity. I request that: My child be administered the medication as indicated in the physician's order. If an emergency injection is ordered, I give permission for a school nurse to instruct designated staff in the administration technique. I authorize: The release and exchange of medical information between my child's physician and Commission Leadership Academy (CLA) that is necessary in carrying out services for my child. I hereby give my permission for my child to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release the CLA Board of Directors and their agents and employees from any and all liability that may result from my child taking the prescribed medication. I hereby release the CLA Board of Directors and their agents and employees from any and all liability that may result from my child taking the prescribed medication. I hereby release the CLA Board of Directors and their agents and employees from any and all liability that may result from my child taking the prescribed medication. I hereby give my permission for my child to receive medication of Directors and their agents and employees from any and all liability that may result from my child taking the prescribed medication. I hereby give my permission for my child to carry and give the medication of the medication of the intensification of the request and give the medication is tender to tunction at school. Adult supervision is not needed. I request and give the medication is or the medication of the intensification of the														
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