

Student's Name: _____ Date of Birth: _____ Teacher: _____

ALLERGY to: _____

Asthmatic: ' < H V ' 1 R
+ L J K H U U L V N I R U V H Y H U H

Step 1: Treatment

Symptoms		Give Checked Medication** To be determined by physician D X W K R U L] L Q treatment	
x If a food D O O has been L Q J H W h G	Symptoms:	' Epinephrine	' Antihistamine
Mouth , W F K W Q Q b o v z h o o o s w r q n a u t h		' Epinephrine	' Antihistamine
6 N L Q + L Y h c y U D W K Z H O o t h e f a c e o r			

can change quickly. *Poten

,I PHGLFDWLRQV FDQ EH JLYHQ DW KRPH RU DIWHU VFKRRO KRXUV SOHDVH G
QHFHVVDU\ WR EH JLYHQ GXULQJ VFKRRO KRXUV WKLV IRUP PXVW EH FRPSOH
3HUPLVVLRQ LV KHUHE\ JUDQWHG WR WKH ORFDO VFKRRO SULQFLSDO RU KLV
prescribed medication.

, KHUHE\ UHOHDVH DQG GLVFKDUJH WKH)RUV\WK &RXQW\ %RDUG and all California
FDVH RI DFFLGHQW RU DQ\ RWKHU PLVKDS LQ VXSHUYLVLRQJ VDLG PHGLFDWLRQ
RFFXU WR P\ FKLOG WKURXJK VXSHUYLVLRQJ VDLG PHGLFDWLRQ any liability because of any HO
LQMXU\ RU GDPDJH ZKLFK PLJKW RFFXU

, JLYH WKH DEVRLOHQHG SHUVRQQHO SHUPLVVLRQ WR FRQWDFW P\ FKLOG V KHD
LQIRUPDWLRQ FRQFHUQLQJ P\ FKLOG V GLDJQRVLY PHGLFDWLRQ DQG RWK

7KH DGPLQLVWUDWLRQ RI PHGLFDWLRQ WR VWXGHQWV GXULQJ V
awareness of the need to KDYH ZULWWHQ SURFHGXUHV

0HGLFDWLRQ PD\ EH GLVSHQVHG WR VWXGHQWV ZLWK WKH DVVL
ILQG LW QHFHVVDU\ WR SUHVFULEH PHGLFDWLRQ WR EH WDNHQ
with parents in this re JDUG E\ SURYLGLQJ D SODFH IRU WKH PHGLFDWLRQ
UHVSQRVLELOLW\ IRU D FKLOG WDNLQJ PHGLFDWLRQ DW VFKRRO

\$ QXUVH LV QRW DOZD\V DYDLODEOH WR DVVLVW The student may be
DVVLVWHG E\ DQ DGXOW GHVLJQDWHG E\ WKH SULQFLSDO

Prescription and non- SUHVFULSWLRQ PHGLFDWLRQ ZLOO EH JLYHQ WR VW
IROORZLQJ JXLGHOLQHV DUH REVHUYHG

*All medication MUST be in its original container and MUST be brought to school by the parent or

_____needs to carry the I R O O R Z L Q J S U H V F U L S W L R
L Q K D O H U H S L Q H S K U L Q H D X W R L Q M H F W R U L Q V X O L Q D Q G G L D E

_____prescription medication with him/her. 7 K H D E R Y H
named student has been instructed in the proper use of the medication and fully understands how to
administer this medication.

It is preferable that a second prescription inhaler, epinephrine auto injector, additional insulin, and
diabetic supplies or other prescribed medication be kept in the school in case the first is lost or
left at home.

Name of Medication: _____

Practice Name Address Telephone Number

Examiner's Name (Please Print) Credentials

([D P L Q H U ¶ V 6 L J Q D W X U H Date

Student: _____ Date of Birth: _____

Mother/Guardian : _____ Phone #1 : _____ Phone #2: _____

Father/Guardian: _____ Phone #1: _____ Phone #2: _____

Allergy : _____

Food Allergy Accommodations

x) R R ~~and~~ D O W H U C C D W I N N E D S S U R Y S I G R Y I G S D J H Q W J X D U G L D Q

x 3 D U ~~As~~ ~~Requested~~ ~~of~~ ~~any~~ ~~Food~~ ~~Accommodations~~ as early as postTw- 64 (ible.)TJ 0 g 0 Tc 0 Tw 3.84 0 Td ()Tj EMC /LBody <</MCID 22 >>BDC /C2

Student: _____ Date of Birth: _____

Mother/Guardian : _____ Phone #1 : _____ Phone #2: _____