Gaston County Schools

Physician's Order and Treatment Plan for Student with Asthma

(This from replaces the Authorization of Medication for Students in School. School nurse will complete separate health plan.)

STUDENT'S NAME: ___________________________________ BIRTHDATE: _________________________

DIAGNOSIS/KNOWN ALLERGEN: ____

PHYSICIAN MEDICATION ORDERS

MEDICATION/DOSAGE: ____

INDICATIONS/INSTRUCTIONS: ____

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MEDICATION/DOSAGE: ____

INDICATIONS/INSTRUCTIONS: ____

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Student understands and has been instructed in self-administration of the medication(s) for asthma . YES/NO

Student has demonstrated the skill level necessary to self-administer the medication(s) for asthma. YES/NO

If the questions above are answered yes and the student is able to self-administer his or her medication, the Gaston County Board of Education and its agents are not liable for injury from the student's possession and self administration.

EMERGENCY PLAN

CALL 911 IF: LIPS, NAILBEDS OR FACE BECOME BLUE, STUDENT UNABLE TO TALK OR ONLY ABLE TO SAY 1-2 WORDS, BREATHING STOPS.

COMMENTS: ____

I hereby give permission for my child to receive medication during school hours. I give consent for the school nurse to exchange information with the medication prescriber about medication administration, dose clarification, response to medication, adverse effects, etc. On behalf of my child, I absolve Gaston County Board of Education and their agent and employees from any and all liability whatsoever that may result from my child taking this prescribed medication. I agree to supply the medication as needed.

Parent/Guardian Signature	**Health Care Provider Signature**	**Printed Physician name or clinic stamp**
Date: Telephone #:	Date: Telephone #:	

Student has parental permission to self care and self administer medication. YES/NO_______________________

Parent Signature

School Nurse Signature __________________________________ Date _____________

Session Law 2005-22, House Bill 496, chapter 115c, article 26a-375.2. If a student uses asthma medication prescribed for the student in a manner other than as prescribed, a school may impose on the student disciplinary action according to the schools disciplinary policy. A school may not impose disciplinary action that limits or restricts the student's immediate access to the anaphylaxis medication.