Trousdale County Schools

PHYSICIANS FORM FOR MEDICATION & PROCEDURES

The Trousdale County Board of Education requires the following information when students need prescription or over-the-counter medication and/or procedure at school. This form must be completed & signed by the physician and parent/guardian before medication can be accepted or a procedure can be performed.

1. Student's Name_____ DOB_____

2. Address_____

3. School_____ Grade_____ Teacher_____

Parent/Guardian Signature	Date	Phone #	Cell #

Emergency Contact	Relationship	Phone #	Cell #

PARENT/GUARDIAN AUTHORIZATION

I request that school personnel assist_____ to self-administer the medication listed while at school and away from school during school activities. It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. I hereby agree to release Trousdale County School System and its personnel from any legal claim that they now have or thereafter have arising out of the administration or failure to administer this medication. I will assume full responsibility for any side affects and complications that my child may have as a result of taking this medication. My child is competent to self-administer his/her medication with assistance. I understand that it is my responsibility to furnish this medication.

TO BE COMPLETED BY PHYSICIAN ONLY

4. Medication _____ Dosage/Time_____
5. Check any condition that usually triggers an asthma episode for this student:
   Respiratory infection____Temperture changes____Stress____Environmental____Smoking____
   Odors____Exercise____Other_____
6. Check the usual signs present during asthma attack for this student:
   Chest tightness____Perssistent coughing____Shortness of breath____Wheezing____Pale____
   Flushed____Anxiety____Bluish color to skin/nails____Other_____
7. Student competent to self-administer medication with assistance? Yes____ No____
8. Has the student been taught to administer their inhaler? ___ Yes ____ No

Usual procedure followed at school for student having asthma attack. Allow student to independently use prescribed medication as needed (identified schools staff will provide assistance on an as needed basis). Encourage student to remain calm and take slow, deep breaths. Stay with student, and monitor response to medication. If symptoms decrease within 15min, he/she may return to class. If symptoms persist after 15min, contact parent. Allow student to repeat inhaler dosage one time per MD order. Wait 15min. if relief noted student may return to class. If symptoms persist or worsen. CALL 911 and follow Emergency Action Plan. Continue to monitor student's breathing and general condition. Contact parent and be prepared to take next appropriate action>Rescue breathing or CPR until help arrives.

Physician's Signature	Date	Office #	Fax #

School Nurse's Signature	Date

Trousdale County Schools

Release of Information

Release to: Trousdale County Schools

Any information and materials that may contribute to the school adjustment or assessment of my son/daughter, these parties having a legitimate educational/medical interest in the materials.

Please include educational, psychological, and/or medical information.

_____ _____

Physician's Name Physician's Phone Number

_____ _____

Student's Name Birthdate

_____ _____

School's Name Signature of Parent/Legal Guardian

_____

Date

This release is necessary to allow the nurse(s) to communicate with the physician regarding medical conditions or medications.