

Epinephrine Auto Injector MEDICATION FORM



親愛的家長/監護人/看顧人：

加州教育法令第 49423 條規定，學生如需在上課日服用醫生處方或非醫生處方藥物，可由學校人員協助，但只在校區收到醫護服務提供者及學生家長/監護人/看顧人的具體書面說明後，方予進行。請填妥本表格各部分，並交回校長。

P l e a s e p r i n t l e g i b l y i n a l l s e c t i o n s

Student Name: Last	First	Middle	Date of Birth (Month/Day/Year)
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HEALTH CARE PROVIDER SECTION

<p>Health Condition for which medication is prescribed: Severe Allergic Reaction to the following:</p>	<p>Medication: Please circle EpiPen EpiPen Jr.</p>
<p>Symptom of Severe Allergic Reaction include: Mouth: itching, swelling of lips/tongue Throat*: itching, tightness/closure, hoarseness Skin: itching, hives, redness, swelling Gut: vomiting, diarrhea, cramps Lung*: shortness of breath, cough, wheeze Heart*: weak pulse, dizzy, passing out *can be life-threatening</p>	<p>Dose: <input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.3 mg</p> <p>Other Epinephrine Auto-Injector: _____ Dose: _____ Frequency: _____</p>
<p>Medication Route: Injection to outer thigh</p>	<p>Time medication to be given at school? As needed</p>
<p>The medication is to be given: -If suspicion of exposure to the source of allergy AND at least one symptom -Any life-threatening symptom</p>	<p>Any precautions that school personnel need to know? Contraindications?</p>
<p>What are possible side effects of the medication? Increased heart rate, dizziness, shakiness, paleness, weakness, anxiety, headache</p>	<p>What should be done after administering Epinephrine? Call 911 after administering medication and give used auto-injector to paramedics to bring to ER with student</p>
<p>Check appropriate boxes below: <input type="checkbox"/> I authorize this student to self-administer the above medication. <input type="checkbox"/> I authorize designated school personnel to administer the above medication.</p>	
<p>Print name, address & phone number of Health Care Provider</p>	<p>Signature of Health Care Provider Date</p>

**家長/監護人/看顧人填寫
部份**

家長/監護人/看顧人姓名	在家所用語言	日間電話 ()
地址 - 號碼及街名	公寓號碼 城市	晚間電話 ()
學校	兒童中心 / 小學 / 初中 / 高中	上課時間
<p>請在下面適當空格上劃“√ ” =</p> <p><input type="checkbox"/> 本人允許子女自己服用以上藥物。</p> <p><input type="checkbox"/> 本人允許指定學校人員給本人子女服用以上藥物。</p>		

1. 本人同意，三藩市聯合校區及其僱員無須為服藥的後果或服藥方法負任何責任。
2. 三藩市聯合校區及其僱員若因這些安排而需負責，本人將予賠償。
3. 子女服用的藥物如有改變，本人會立即通知校長。
4. 本人明白，本人送到學校的藥物需用藥房原裝藥瓶來裝，藥瓶需有標籤，標籤上需有本人子女姓名及醫護服務提供者的指示。
5. 本人明白，學年完結時，本表格將自動失效。
6. 爲了本人子女的安全與健康著想，本人同意校方採取適當行動。

家長/監護人/看顧人簽名 _____

日期 _____