YOCJ Prescription form for Administration of Medication

Student's Name:	D.O.B	Grade:
Diagnosis:		
Name of Medication:		
Time and Circumstances of Administration:		
Possible side effects:		
Length of time the prescription is valid:		
YOCJ follows the guidelines of the West of the self-administration of medication. permitted only in exceptional circumstant purposes of this policy, a life threatening requires an immediate response to specificate to potential loss of life such as, but no asthmatic attack or the use of an adrenali reaction."	Self-administration of ces when a life threat illness is defined as "sic symptoms or seque ot limited to, the use of	of a prescribed medication is ening condition exists. Foran illness or condition that lae that if left untreated may of an inhaler to treat an
I confirm that my child,instructed in the proper method of self-admit (specific medication) as directed.	(name) is inistration of	s capable and has been
When an auto-injector is prescribed, please	provide the following	information:
Is there a documented history of anaphylaxi	s? Yes No	
If yes, please provide the signs/symptoms of	f this child's anaphylac	etic episode(s):
Signature of Physician/Dentist	Date	Phone