Carondelet High School
1133 Winton Dr.
Concord, Ca. 94518
925-686-5353 Fax 1-925-671-9429

Parent's Request for Emergency Treatment for a Student with a Life-Threatening Medical Condition

DIRECTIONS: If your child has a medical condition that might result in a **life-threatening emergency situation** at school (ex. cardiac disorders, diabetes, severe asthma, severe allergic reactions to insects or food, or other miscellaneous, life-threatening conditions. Please complete this form.

TO BE COMPLETED BY PARENT: (for all medications)

Name of Student_____ Grade_____
Medical Diagnosis _____ Name of Medication _____ Dose _____
If your child carries an EPI Pen, Inhaler or Benadryl please indicate the location (for example: Backpack, Locker, Pocket).

_____.

(**If Necessary**) I request that my child, named above, be assisted in taking the prescribed medication at school by authorized persons and will comply with the school's policies and procedures. I have provided the medication **in its original container and labeled** as above.

TO BE COMPLETED BY A LICENSED PHYSICIAN: (for all prescriptions)

Name of Medication _____ Purpose of Medication _____
Dosage Prescribed _____ Dose Form (tablet, liquid, etc.). _____
Epipen – Prescribed Use _____
Date of Prescription _____
Length of Time This Medication Will Be Necessary _____

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS:

_____
_____
The student named above, for whom this medication is prescribed, is under my care.

Name of Physician _____ Physician's Signature_____

Physician's Telephone #_____ Date _____

This form will be attached to your child's emergency card and shared with appropriate staff. I understand this plan will not replace usual emergency procedures such as calling 911.

Parent/Guardian's _____ Relationship _____ Phone #_____

3-18-2014