**AUTHORIZATION FOR ADMINISTRATION OF OXYGEN**

**This authorization will expire at the end of the school year which includes summer school or earlier as indicated by the health care provider below.**

**THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student: |  | Click or tap here to enter text. |  | Birth Date  |  | Click or tap to enter a date. |
|  |
| Grade: |  | Click or tap here to enter text. |

Parent Section/ *Sección de Padres*

|  |
| --- |
| I request that the school nurse, or designated staff member, administer the oxygen prescribed below, in accordance with the healthcare provider instructions. I understand that this information will be shared with school staff on a “need to know” basis. *Yo pido que la enfermera o personal designado, le administre el medicamento recetado de acuerdo con las instrucciones del médico. Yo entiendo que cualquier información de este formulario será comunicada al personal escolar que necesite estar informado.* |
|  |  | Click or tap to enter a date. |  | Click or tap here to enter text. |
| Signature/*Firma* |  | Date/*Fecha* |  | Phone /*Números de teléfonos* |

**THIS PORTION TO BE COMPLETED BY THE HEALTH CARE PROVIDER**

|  |
| --- |
| Click or tap here to enter text. |
| Diagnosis for which the oxygen is prescribed |
| Click or tap here to enter text. |
| Delivery method |
| Click or tap here to enter text. |
| O2 concentration and flow rate |
| Click or tap here to enter text. |
| When to be administered |
| Click or tap here to enter text. |
| Possible hazards, risks or other special instructions for safe administration |
| Click or tap here to enter text. |
| Special equipment required |
| Click or tap here to enter text. |
| Possible side effects of O2 therapy |
| Click or tap here to enter text. |
| Emergency procedure |
| **Additional information** |
| This authorization is valid: |[ ]  For the current school year:Click or tap here to enter text. |
| OR [ ]  |  | FROM: Click or tap here to enter text. |  | TO:Click or tap here to enter text. |
| I authorize the above-named student to be administer oxygen at as directed  |
| Click or tap to enter a date. |  |  |  | Click or tap here to enter text. |
| Date |  | Signature Health Care Provider |  | Name (Print) Health Care Provider |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Phone |  | Fax #/Email |