

CUMBERLAND COUNTY SCHOOLS**Physician's Health Care Orders for Oxygen Administration at School**

Student First Name: _____ Student Last Name: _____ D.O.B.: ____/____/____
 School Name: _____ School Year: _____ Grade: _____

Orders and Instructions *(to be completed by the student's health care provider)*

Student's Medical Diagnosis: _____

Indications for oxygen administration: _____
 _____ Date to be discontinued: ____/____/____

Oxygen Administration System:

- ☐ Low flow oxygen system
☐ High flow oxygen system

Delivery System:

- ☐ Compressed gas
☐ Liquid oxygen
☐ Oxygen concentrator
☐ Other: _____

Oxygen Administration Route:

- ☐ Nasal cannula
☐ Face mask
☐ Other: _____

When student's oxygen saturation level is: _____ or lower, Begin oxygen administration at: _____ Liters. Can increase oxygen to: _____

Until the oxygen saturation level is: _____ Target oxygen saturation level is: _____

Recommended Emergency Notification Procedure

 Call 9-1-1 if the following occurs:

****Note: Please call the parent/legal guardian following an EMS call.**

Physician's Signature: _____

Physician's Name Printed: _____

Clinic Name: _____

Clinic Address: _____

Phone: (____) _____ Fax Number: (____) _____

Required MD Stamp

Date: ____/____/____

Release of Liability *(to be completed by the student's parent or guardian)*

I, _____ (Parent/Guardian Name), the parent and/or legal guardian of _____ (Student Name), enrolled at _____ (School Name), understanding the importance of administering medication as prescribed by my child's physician, hereby agree to release and hold harmless designated school personnel from any liability related to the administration of medication, including injections, to my child. I acknowledge that I have discussed this matter with my physician and/or legal counsel, and fully understand the potential ramifications of this consent. I grant permission for the medical provider to disclose necessary health or medical information regarding the prescribed medication to the school personnel involved in its administration. I understand that I have the right to revoke this consent at any time, except where actions have already been taken based on this consent. This consent remains valid for one year or until I revoke it in writing, whichever occurs first.

Parent or Legal Guardian Signature: _____ Date: ____/____/____

Principal Signature: _____ Date: ____/____/____