

**Antelope Valley Union High School District
Oxygen Administration Orders**

***** PHYSICIAN SECTION *****		
The Authorized Health Care Provider (signing below) must be licensed within the State of California to prescribe medication. (California Education Code 49423 and 49423.6)		
Student Name	DOB	Date Authorized
Parent / Guardian Name	Work / Cell Phone	
Parent / Guardian Name	Work / Cell Phone	
Flow rate _____ Liters/minute	Method of Administration ___ mask ___ nasal cannula ___ cuff ___ vent	
Pulse Oximeter Normal pulse oximeter reading _____	If pulse oximeter reading < _____ , increase oxygen by _____ Liters/minute	
Frequency of oxygen use ___ continuous ___ intermittent ___ prn for _____ minutes		
1. Discontinue oxygen when pulse oximeter reading above _____ %, and / or 2. When student exhibits no signs of restlessness, and / or 3. When student is awake, alert, and able to respond to commands.		
Student may need and use oxygen on the bus or during transportation		
If this procedure is required during school hours, these orders will be in effect until July 31 st of the summer following the school year for which they are prescribed.		
Name of Authorized Health Care Provider	Signature	
Address	Phone	
***** PARENT SECTION *****		
Initials required # 1, 2 and 3 a or b		
1. I give my permission as the parent or legal guardian of the above named student to initiate this request for oxygen administration for my child. I acknowledge that my child may be assisted to administer oxygen to himself / herself by a school employee trained by the District Nurse. All equipment / supplies are the responsibility of the parent. _____ initials		
2. In order for administration of oxygen to be available to my child at school, I give my permission for the credentialed school nurse to communicate directly with the student's physician, as may be necessary, regarding the physician's written statement or any other questions that may arise with regard to specialized oxygen procedures. I may terminate my consent for this procedure at school at any time. _____ initials		
3a. My child has been trained to carry and self-administer oxygen and is both responsible and capable of performing this procedure, without assistance or supervision, at school. He / She is also capable and responsible to transport the oxygen canister and equipment to and from school. I release the district and school personnel from civil liability if my child suffers from an adverse reaction as a result of self-administering this procedure. _____ initials		
or 3b. I request that my child be assisted and supervised during administration of oxygen procedure at school and not be permitted to perform this procedure without proper supervision from school personnel. _____ initials		
Signature of Parent / Legal Guardian		Date