



**Medication/Treatment/Action Plan**  
Authorization Form

**SECTION 1** In addition to the Medication Permissions and Instructions form (BCAL-1243), required by LARA, GTACS requires the following information for treating your student.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Age \_\_\_\_\_

Diagnoses/Health Concern/Need \_\_\_\_\_  
*(Allergies, Asthma, Headaches) (In the Case of Seizures, a Protocol/Action Plan must be provided to GTACS from you Physician)*

Is this a LIFE THREATING condition? Yes \_\_\_ No \_\_\_

What triggers a reaction? (eating, touching, smelling) \_\_\_\_\_

Signs or Symptoms your student is having a reaction or episode  
\_\_\_\_\_

**Emergency Action/Care Plan** (What steps should staff take in case of emergency?)

- Step 1.
- Step 2.
- Step 3.
- Additional Steps

**Medical 504 Plan**

Information or a copy of this form will be given to your student’s teacher to be kept in their Emergency Binder as well as stored in the office with your child’s medication. Upon request a Medical 504 Plan (developed with the same information given above.) can also be supplied to you and placed in your student’s permanent school record (CA60 File).

Would you like to be provided with a Medical 504 Plan for your student? YES \_\_\_\_\_ NO \_\_\_\_\_

**SECTION 2**

- A. All Medications/Supplies will be transported to and from school by parent/guardian/GTACS staff only. (Special accommodations made with written prescription from physician for medications like epi pens and inhalers.) All prescription medication will be in the original container, labeled by the pharmacy with physician name, student name, dosage, route and frequency and expiration date included on the label.
- B. If the medication is changed or discontinued the parent must complete a “Change in Medication Sheet” supplied by GTACS.
- C. In the event of a natural/human caused crisis/emergency, the teacher listed above and GTACS office staff will be responsible for following Emergency Action/Care Plans.

By signing below, you are attesting to understanding and agreeing to the above statements.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only** 1<sup>st</sup> Staff Review Date \_\_\_\_\_  
Staff Initials: \_\_\_\_\_  
\_\_\_\_\_

**Office Use Only** 2<sup>nd</sup> Staff Review Date \_\_\_\_\_  
Staff Initials: \_\_\_\_\_  
\_\_\_\_\_

