



PARENT NOTIFICATION FOR THE ADMINISTRATION OF MEDICINE AT SCHOOL

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent(s) and family physician. **Medications, both prescription and over the counter**, are rarely given at school: the only exceptions involve special or serious problems where it is deemed absolutely necessary by the physician that the medication be given during school hours. **The parent is urged, with the help of your child's physician, to work out a schedule of giving medication at home, outside school hours whenever possible.**

California Education Code Section 49423 allows school personnel to assist in carrying out a physician's recommendations. Designated non-medical school personnel may be administering your child's medication. They will be trained and supervised by qualified School Nurses. Medication will be safely stored and locked or refrigerated if required.

Emergency medicine such as EpiPen or inhalers may be carried by the student **when authorized by a physician, parent, and School Nurse**. A second EpiPen or inhaler must be kept at school for emergency use. Students who have a serious medical condition (diabetes, epilepsy, etc.), should have an emergency supply of their prescription medication at school with the appropriate consent forms in the event of a disaster.

If medication is to be administered at school, all of the following conditions must be met:

1. A written statement signed by the licensed physician/surgeon specifying the condition for which the medication is to be given, the name, dosage, time, route, side effects and specific instructions for emergency treatment must be on file at school.
2. A signed request from the parent/guardian must be on file at school.
3. Medication must be delivered to the school by the parent/guardian or other responsible adult.
4. Medication must be in your child's original, labeled pharmacy container.
5. All liquid medication must be accompanied by an appropriate measuring device.
6. A separate form is required for each medication.

NOTE: Please discuss your physician's instructions with your child, so that he/she is aware of the time medication is due at school.

This request is valid for a maximum of one year. **Whenever there is a change in medication, dose, time, or route, the parent(s) and physician must complete a new form.**



PARENT/GUARDIAN and PHYSICIAN REQUEST FOR MEDICATION

Student: _____ DOB: _____

PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION PRESCRIPTION AND NONPRESCRIPTION

California Education Code Section 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school and to maintain, or improve his/her potential for education and learning.

I request that medication be administered to my child, _____, in accordance with our physician's written instructions. I understand that designated school personnel will administer medication under supervision of a qualified School Nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

Parent/Guardian Signature: _____ Date: _____
Telephone: (Work) _____ (Home) _____

Medication must be in the student's original, labeled pharmacy container. You may request from your pharmacist, two containers, one for school and one for home.

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

Diagnosis/Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

If PRN: amount of time between doses: _____ Maximum number of doses _____ per day

Possible reactions: (possible serious reactions with this medication i.e., allergic reaction, localized/general, etc.) _____

Instructions for emergency care: _____

Disposition of pupil following administration of medication.

Circle one: (Rest Home Doctor's Office Hospital Return to Class)

The above medication cannot be scheduled for other than during school hours and this medication may be administered by non-medical school personnel under the supervision of a qualified School Nurse.

Physician's Signature: _____ Stamp _____

Address: _____ Telephone: _____

Date of Request: _____ Date to Discontinue Medication: _____

This request is valid for a maximum of one year

SCHOOL USE:

Nurse: _____ Date: _____

Administrator: _____ Date: _____