

PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR MEDICATION

Name of Student:		Birthdate:			
School/District:	OCEAA	Teachers Name:		Grade/Track:	
PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION PRESCRIPTION AND NONPRESCRIPTION					
California Education Code Section, 49423 allows the school nurse or other designated non-medical 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.					
instructions. I understa supervision of a qualifi in medication, dosage, for the school nurse to	nd that designated non-n ied School Nurse. I will n time of administration, a exchange medication-rel	v child in accordance with nedical school personnel m notify the school immediat and/or the prescribing author lated information with the el regarding the medication	ay assist in carrying ely and submit a ne orized health care p authorized health ca	g out written orders under w form if there are changes rovider. I give permission are provider. The school	
health care provider an	d parent. Back-up medi	s may be carried by the stu cation should be kept at sc child suffers an adverse rea	hool for emergency	use. I release the district	
Parent/Guardian Signa	nature:		Date:	Date:	
Telephone: (Work)	e: (Work) (Home)				
AUTHORIZED I	HEALTH CARE PROV	VIDER REQUEST FOR	ADMINISTRATIO	ON OF MEDICATION	
Reason for Medication	:				
Medication:		Dose:	Route:	Time:	
If PRN: Amount of tim	ne between doses	Maximum nur	nber of doses	per day.	
Possible medication re-	actions:				
Instructions for emerge	ency care				
Authorized Health Car	e Provider Signature:				
Authorized Health Car	e Provider Name (print c	elearly):			
Telephone					
Date of Request:					
Date to Discontinue M	edication:			Office Stamp	
			demonstrates an unc	itted to carry/self administer derstanding of proper usage.	
SCHOOL USE: Reviewed by: Date:					
Reviewed by: Date:					

This request is valid for a maximum of one year.



PARENT NOTIFICATION FOR THE ADMINISTRATION OF MEDICINE AT SCHOOL

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent/guardian and an authorized health care provider. An authorized health care provider is an individual who is licensed by the State of California to prescribe medication. **Medications, both prescription and over the counter**, may be given at school when it is deemed absolutely necessary by the authorized health care provider that the medication be given during school hours. **The parent/guardian is urged, with the help of your child's authorized health care provider, to work out a schedule of giving medication at home whenever possible.**

California Education Code, Section 49423 allows school personnel to assist in carrying out an authorized health care providers written orders. Designated non-medical school personnel may be assisting with your child's medication. They will be trained and supervised by credentialed school nurses. Medication will be safely stored and locked or refrigerated, if required.

Emergency medicine such as EpiPens or inhalers may be carried by the student **when recommended by a authorized health care provider and parent**. When appropriate, the school nurse will evaluate the student's ability to safely self-administer the medication based on written district guidelines. (Title 5). Back up medication should 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. <u>A written statement signed by the licensed authorized health care provider/dentist</u> specifying the reason for the medication, the name, dosage, time, route, side effect; and specific instructions for emergency treatment must be on file at school.
- 2. <u>A signed request from the parent/guardian must be on file at school</u>.
- 3. Medication must be <u>delivered to the school by the parent/guardian</u> or other responsible adult.
- 4. Medication must be in your child's original, labeled pharmacy container written in English.
- 5. All liquid medication must be accompanied by an appropriate measuring device.
- 6. If pill splitting is required to obtain the correct dose of medication to be administered, only pills that are scored may be split, scored pills may be split in half only, and a commercial pill splitting device should be used for correct splitting.
- 7. Over the counter medication that has been prescribed by an authorized health care provider must be in its original container.
- 8. A separate form is required for each medication.

NOTE: <u>Whenever there is a change in medication, dosage, time, or route the parent/guardian and authorized</u> <u>health care provider must complete a new form</u>. Please discuss your authorized health care provider's instructions with your child, so that he/she is aware of the time medication is due at school.