

Physician's Request for Medication Assistance at School

The following section is to be completed by the PARENT/GUARDIAN:

Student Name: _____ Birthdate: _____

School: _____ Grade: _____ Sex: _____

List any known drug allergies/reactions: _____

I request that the authorized persons at school assist my child in taking the medicine(s) described below or that my child is permitted to medicate herself/himself. I also give my permission for exchange of information between the school district staff and the health care provider. I understand that the medication is to be furnished by me in the original container labeled by the pharmacy or prescriber with the name of the medication, the amount to be taken, frequency of administration, and name of prescriber. I hereby release Placer County Office of Education and all its employees from any and all liability for damages my child may suffer as a result of this request. I hereby give my consent for information on this form to be released to school staff, host school staff, CCS, transportation staff and emergency personnel as needed to provide quality of care. This authorization is valid thru the current school year unless otherwise indicated. This consent may be revoked at any time.

Parent/Guardian Signature _____ Date _____ Home Phone _____ Emergency Phone _____

The following section is to be completed by the HEALTH CARE PROVIDER (one for each medication):

Current Diagnoses: _____

Name of Medicine: _____ Dose: _____ Route: _____

Tablet/Capsule Liquid Inhaler Nebulizer Injection Suppository Other _____

Special instructions: _____

Has the student taken this medication before? Yes No (If no, the first 2 full doses must be given at home to ensure the student does not have a negative reaction)

If medicine is to be given **DAILY**, how often? _____

- Time(s) medication is to be taken **AT SCHOOL** _____
- Times medication is to be taken on minimum days/extended school year _____

If medicine is to be given **PRN (WHEN NEEDED)**, describe indications for giving: _____

How soon can it be repeated? _____

Is the child authorized to medicate himself/herself? (as allowed by Ca. Ed. Code 49414/49423 insulin and epinephrine only)
 YES **NO** If yes: I have instructed this student in the purpose and appropriate method or frequency of use, and it is my professional opinion that the student is competent to self administer the medication independently.

My signature below provides the authorization for the above written orders. I understand that assistance with medications will be implemented in accordance with California state laws and regulations, unless indicated otherwise. I understand that specialized physical health care services may be performed by unlicensed designated school personnel under the supervision of and after the training provided by the school nurse. If changes are indicated, I will provide new written authorization (may be faxed). Medication is authorized for the school year unless otherwise indicated.

Physician Name: _____ Physician Address: _____

Physician Signature: _____ Date: _____

Physician's Stamp

INFORMATION AND PROCEDURES REGARDING MEDICATIONS AT SCHOOL

Whenever possible we encourage medication doses to be scheduled during non-school hours. When it is necessary for your child to take medication during school hours, the following procedure is required:

1. A Physician's Request for Medication Assistance at School and/or Physician's Authorization for Use of Over-the-Counter Products by School Personnel signed by the prescriber and by the parent/guardian must be completed for each medication order and once every school year for a chronic condition. **ONLY THESE HEALTH CARE PROVIDERS CAN LEGALLY AUTHORIZE MEDICATION FOR USE AT SCHOOL:** California-licensed Physicians and Surgeons; California-licensed Dentists, Optometrists and Podiatrists; California-licensed Nurse Practitioners and Certified Nurse Midwives; California-licensed Physician Assistants.
2. **DELIVERING MEDICATION TO THE SCHOOL:** Medication to be kept in the school office or the classroom and for field trips must be delivered to the school by a **parent or designated adult** (except those medications that the student is authorized to carry or self-administer). All medication must be logged in by office staff with the adult who brings in the medication. Medication **may not** be transported on the bus or in a student's backpack. Medications will be kept in safe appropriately locked storage unless otherwise indicated and arranged with the school nurse.
3. **CARRYING AND SELF ADMINISTERING ORAL MEDICATION:** is allowed only for students in grades 6-12, if the following guidelines are followed: 1) The health care provider and the parent have indicated permission to do so on a current Medication Authorization; 2) the school nurse determines the student's capability to safely and competently perform the task 3) the student carries only one or two doses per day in an original pharmacy or factory labeled medication container, and does so in a responsible manner. Carrying and self-administration of controlled medication as defined by the FDA is NEVER allowed (for example methylphenidate or prescription pain medication).
4. All prescription medications must be in the **original** pharmacy labeled container with the student's name, physician's name, medication name, route of delivery, dosage, time interval of use and current date. Prescriptions must include the name of the prescribing licensed California healthcare provider (if necessary, request a duplicate bottle from the pharmacist for the school). If any medication is not in the original container, it **CANNOT** be given.
5. Non-prescription over-the-counter medications that have been prescribed by an authorized healthcare provider must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician with dose, route of delivery and dispensing instructions.
6. **The first 2 doses of any new medication must have been given at home before it can be taken at school.**
7. Any change in type, dosage, or discontinuance of the medication *must be reported to the school immediately by the parents in writing.*
8. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order or at the end of the school year. Medications not claimed within that time period will be destroyed by school nurse according to community practice.
9. The school nurse will communicate with the prescriber as allowed if a question arises about the child and/or the child's medication.
10. If the medication expires prior to the end of the school year or termination of physician's order, the agreement between the parents, MD, and school is nullified until new medication is received by the school. If no medication is present at school, 9-1-1 will be called for emergencies.
11. **If the health of the child is substantially impaired because the medication is forgotten, or administered early or late, parents/guardians should keep the child at home or be responsible for administering the medication. Parent/guardian/designee is permitted to come to school to administer the medication.**

If there is a concern regarding this matter, please call your child's school nurse.