

# Medication in School

## 1. ADMINISTRATIVE STATEMENT

Medication may be dispensed to students by designated school personnel whenever a health care provider finds it necessary to prescribe medication to be taken during the regular school day.

## 2. MEDICATION PROCEDURE

The form below or similar authorization must be completed by the parent or guardian **AND** health care provider for any medication that is to be taken during the regular school day. All medication administered at school, even if sold over the counter, must be prescribed by a health care provider.

The parent/guardian must provide all medication, including over-the-counter medication, in the original container. For prescription medication, the pharmacist can provide a second labeled bottle so that one bottle can be brought to school and one bottle can be left at home.

## 3. PARENT REQUEST

I request that designated school personnel assist my child by giving him/her the medication as set forth in the health care provider's instructions below and give consent for the designated school personnel and health care provider signing below to exchange medication information. If the medication is an asthma inhaler or an EpiPen, I consent to my child self-administering the medication if designated to do so by the health care provider below. I release the district and school personnel from civil liability in the event my child has an adverse reaction to the asthma inhaler or EpiPen. I may terminate consent for administration of medicine at any time.

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

## 4. HEALTH CARE PROVIDER'S INSTRUCTIONS

MEDICATION	DOSE	METHOD OF ADMINISTRATION	HOW OFTEN (e.g. EVERY 4 HRS)	DURATION (e.g., SCHOOL YEAR)
#1				
#2				

Indication for Medication: #1: \_\_\_\_\_ #2: \_\_\_\_\_

Special Instructions/Precautions: #1: \_\_\_\_\_ #2: \_\_\_\_\_

This student is able to carry and self-administer his/her asthma inhaler \_\_\_Yes \_\_\_No

This student is able to carry and self-administer his/her EpiPen \_\_\_Yes \_\_\_No

Health Care Provider Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider Name (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

**BASIC LEGAL PROVISION: 49423.** Notwithstanding the provision of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.