

Authorization to Administer Medication

Dear 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. Both prescription and over the counter medication 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 provider's written order. Designated non-medical school personnel may be assisting with your child's medication. 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 recommended by an authorized health care provider and parent. If an EpiPen is required, we will also request that the parents have their health care provide complete a Food Allergy Action Plan. Back-up medication should be kept at school for emergency use. Students who have 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 authorized health care provider/dentist specifying the reason for the medication, the name, dosage, time, route 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 written in English.
5. All liquid medication must be accompanied with an appropriate measuring device.
6. Any tablets requiring partial doses (1/2 size) must be sent to school already cut.
7. A separate form is required for each medication.

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

Whenever there is a change in medication, dose or time the parent/guardian and health care provider must complete a new form.

**PARENT / HEALTH CARE PROVIDER
REQUEST FOR ADMINISTRATION OF MEDICATION**

Student Name

Birth Date

School Year

Teacher/Grade

Parent/Guardian Name

Home Phone

Cell Phone

**PARENT REQUEST FOR ADMINISTRATION OF MEDICATION
PRESCRIPTION AND NON-PRESCRIPTION**

California Education Code Section 49423 allow the school 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 of education and learning.

I request that medication be administered to my child in accordance with our authorized health care provider written instruction. 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 authorized health care provider.

This request is valid for the current school year only.

Parent/Guardian Signature: _____ Date: _____

Emergency medicine such as an EpiPen or inhaler may be carried by the student when recommended by an authorized health care provider and parent. Back up medication should be kept at school for emergency use.

All medication must be in the student's original, labeled pharmacy container. The directions for administration on the school container must be in English. You may request additional containers from your pharmacist, one for school and one for home.

**HEALTH CARE PROVIDER
REQUEST FOR ADMINISTRATION OF MEDICATION**

Reason for medication (diagnosis) _____

Medication: _____ Dose: _____ Time: _____

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

Possible medication reactions: _____

Instructions for emergency care: _____

Date of request: _____ Date to discontinue medication: _____

The above medication cannot be scheduled for other than during school hours and non-medical school personnel may assist with the administration under the supervision of the Health Office Manager.

Authorized Health Care Provider Signature Date

Address

Telephone Number Fax



Regarding EpiPens/Inhalers: It is my professional opinion that this student should be permitted to carry/self-administer this emergency EpiPen or inhaler.

Health Care Provider Initials _____