

Dear Parents or Guardians:

California State Law (CEC49423) governs the giving of medication to pupils in school. In compliance with this law, our policy regarding student medication is as follows:

In order for the school nurse or designated school personnel to give a student medication (including any prescription medication or over-the-counter medication) we must have:

- 1. Written statement from your physician/dentist stating the medication to be taken, the amount, and the time to be taken at school.**
- 2. Written statement from parent or guardian of the pupil giving permission for school personnel to assist student in taking medication.**
- 3. Medication must come in the original container (you can ask for a school supply at the pharmacy) with:**
 - a. Student's name**
 - b. Name of medication**
 - c. Amount, dosage, and frequency to be taken**
 - d. Name of prescribing physician/dentist**
 - e. Duration of administration**
 - f. Expiration date**

A separate form must be completed for EACH medication. The authorization must be completed EACH school year or when a medication is changed.

It is the parent's responsibility:

1. To assure that school administration is aware if your child has any unusual health conditions (i.e. allergy to bee stings, seizures, asthma, diabetes, etc.)
2. To ensure that the pharmacist labels two containers, one for home use and one for school use, if the child is to receive the medication at both sites.
3. To provide the school with the prescribed medication in an appropriate container that has been labeled by a pharmacist. **Medication must be delivered to the school by the parent; do not send medication to school with your child.**
4. To provide new containers with appropriate labeling when medication changes are made.
5. To remove medications from school premises within one week of the date they are discontinued by the physician or on the student's final day of school, whichever comes first. Any medication not removed by the parent with the specified time period will be promptly disposed of. Medications **will not** be sent home with the student.

For the safety and welfare of your child, bring the completed forms with the medication to your child's school office. It is the student's responsibility to come to the office at the required time for his/her medication. If your child has a life-threatening condition and must carry medication on him/her, please contact your school nurse.

NO MEDICATION, EITHER PRESCRIBED OR OVER-THE-COUNTER, SHALL BE DISPENSED TO STUDENTS WITHOUT PROPER AUTHORIZATION DESCRIBED ABOVE.

**PHYSICIAN'S REQUEST FOR THE
ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL**

Dear Doctor:

Date:

The form below contains the type of information necessary when school personnel are requested to give medication to a pupil during school hours. This accommodation is being provided only when the schedule of medication would otherwise require the pupil to remain at home or the medication is needed in an emergency, such as an allergic reaction. Please keep a copy of this form in your files as a reminder to notify the school, as indicated on the form, when you change the medication and/or dosage.

Authorization for Administering Medication

This authorizes school personnel including lay personnel, (those without medical training), to administer the following medication _____ in the following dosage prescribed _____ at the following time(s) _____ to my patient _____ for his/her diagnosis of _____. This medication is to be given (route) _____ and is to be continued as above until _____.

If the medication is to be administered only in emergency situations, please specify the easily recognizable symptom, signs, or condition for which it should be administered.

Possible Side Effects: _____

I will notify the principal of the school immediately if there is any change in the medication and/or dosage.

Date: _____ Signature & Name of Doctor _____ Phone Number _____

Address: _____

PARENT RELEASE FOR THE ADMINISTRATION OF MEDICINE

We, the undersigned, who are the parents of _____, in grade _____ at _____ School request that medicine be administered to said child in accordance with the instructions above from our physician, by the school nurse or a designated member of the school staff if the former is not readily available, in accordance with instructions outlined below and signed by our physician.

In agreeing to have the school administer our son's/daughter's medication, I voluntarily agree to release, discharge, and hold harmless the school, and its officers, agents, and employees for any and all claims of liability arising out of their negligence, recklessness or any other act or omission which causes our child's illness, injury, death, and damages of any nature in any way connected with the administration of our child's medication.

We understand that the major responsibility for a child taking medication rests with the child and his/her parents, and that we are required to personally bring the medication to school. The school nurse has my permission to communicate with my child's physician, and may counsel with school personnel regarding the possible effects of the medication on my child. Additionally, we will notify the school immediately if we change physicians, or if the medication is changed in any way.

Parent/Guardian Signatures _____ Date: _____ Child's DOB _____

Address _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____ Relationship _____

Note: This form is valid for one school year only.