



Sierra Vista

Student Name

Birthdate

School Name & School Year

Grade

Telephone - Home

Telephone - Work

Telephone - Cell

Teacher

PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION PRESCRIPTION AND NON-PRESCRIPTION

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.

I request that medication be administered to my child in accordance with our authorized health care provider written instruction. I understand that designated non-medical school personnel may assist in carrying out written orders under supervision of a qualified school nurse. 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. I give permission for the school nurse to exchange medication-related information with the authorized health care provider. The school nurse may counsel appropriate school personnel regarding the medication and its possible effects.

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 in health office 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, if needed. (Non-prescription medication must also be in the original container.)

AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION

Reason for medication (diagnosis): _____

Medication: _____ Dose: _____ Route: _____ 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 a qualified school nurse.

Authorized Health Care Provider Signature _____ Date _____

Address _____

Telephone Number _____ Fax _____



Office Stamp

Regarding EpiPens/Inhalers: It is my professional opinion that this student should be permitted to carry/self-administer this emergency EpiPen or inhaler. This student has been instructed in, and demonstrates an understanding of proper usage.

Health Care Provider Initials: _____

SCHOOL USE ONLY:

Reviewed by: _____ Date: _____

THIS REQUEST IS VALID ONLY FOR THE CURRENT SCHOOL YEAR



Name of student: _____

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 medications 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 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 an 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 in the health office 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. 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. Non-prescription medication must also be in the original container.
5. All liquid medication must be accompanied by an appropriate measuring device.
6. Any tablets requiring partial doses (1/2 or 1/4) must be sent to school already cut.
7. A separate form is required for each medication.

Note: 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.

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

THIS REQUEST IS VALID ONLY FOR THE CURRENT SCHOOL YEARp