



School: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medication at School (Form B)

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

A Parent Or Adult Representative Must Bring All Medications To School In The Original Container. A medical provider and parent or guardian must sign this form before any medication can be administered at school.

SECTION ONE: To be completed by your medical provider

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Form of medication: [ ] Tablet/Capsule [ ] Liquid [ ] Inhaler [ ] Injection [ ] Nebulizer [ ] Other \_\_\_\_\_

Administration Instructions: Dose: \_\_\_\_\_ Frequency \_\_\_\_\_ Time: \_\_\_\_\_

Special Storage requirements: [ ] None [ ] Refrigerate [ ] Other: \_\_\_\_\_

Restrictions or Significant Side Effects: [ ] None anticipated [ ] Yes. Describe \_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

SECTION TWO: To be completed by the parent or guardian:

I given permission for (name of student) \_\_\_\_\_ to receive the above medication at school (or other school sponsored activities) according the the school policy and California Ed Code.

Signature: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION THREE: Permission to carry an asthma inhaler and/or an epinephrine auto injectors. Completion of this section by your medical provider is required for your student to carry their medication

The above named student has been instructed in the proper use of their asthma inhaler or epinephrine auto injectors. The student's well-being is in jeopardy unless this medication is with the student.

Medication: [ ] Asthma Inhaler [ ] Epinephrine Auto Injector

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] I permit my child to carry the above-listed asthma inhaler and/or EpiPen as ordered by his/her physician

## Information Regarding Administration of Medication at School

If your child is under the care of a physician and must take medication during the school day for a specific medical diagnosis or condition, please read the information below. This information pertains to both prescription and over-the-counter (OTC) medication.

The district's school nurses serve several schools and are not available daily to administer medication. As a result, nonmedical staff on the campus will most often perform this function. If possible, please consider having your student take medication before school.

If your child must take medication at school, please note the following:

- The Medication at School form must be completed each year and kept on file in the school office. You are required to submit a new form annually.
- A student may not possess any medication (prescription or OTC) at school, walking to and from school, or on a school bus (except inhaled asthma medication and epinephrine auto-injectors when authorized by the physician on this form).
- A parent or adult representative must bring medication to school in the original pharmacy container.
- Over-the-counter drugs must also have a Medication at School form on file.

Storage of medication will be in the nurse's office. The medication can be held in the classroom if needed. Students must have parental permission and medical authorization to carry their medications (see *section three* on the front side of this form). Students are only allowed to carry an asthma inhaler or an epinephrine auto-injector.

- Parents must submit updated Medication at School forms yearly or with a dosage change.
- At the end of the school year or when a medication expires, a parent or adult representative must pick up unused medicine.
- All medication is discarded if not picked up during the last month of school.
- A student may be subject to disciplinary action for misusing any medication.

### **Educational Code 49423 & 49423.1**

(a) During the regular school day, any pupil required to take medication prescribed for them by a physician may be assisted by the school nurse or other designated school personnel.

(b)

- (1) For a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision, the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.
- (2) For a pupil to carry and self-administer prescription auto-injectable epinephrine or inhaled asthma medication, the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and confirming that the pupil is able to self-administer auto-injectable epinephrine or inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil, consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability.
- (3) The written statements shall be provided at least annually and more frequently if there are any changes to the medication, dosage, or frequency of administration.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900, if that pupil uses auto-injectable epinephrine or inhaled asthma medication in a manner other than as prescribed.

*For further information or assistance, contact your school or the health educator/school nurse*