

PARENT NOTIFICATION FOR THE
ADMINISTRATION OF MEDICINE AT SCHOOL

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent(s) and family physician. **Medications, both prescription and over the counter**, are rarely given at school; the only exceptions involve special or serious problems where it is deemed absolutely necessary by the physician that the medication be given during school hours. **The parent is urged, with the help of your child's physician, to work out a schedule of giving medication at home, outside school hours whenever possible.**

Students may carry emergency medicine such as EpiPen or inhalers (*only if authorized by physician, parent, and school nurse*). A second EpiPen or inhaler must be kept at school for emergency use. We recommend that any student who has a serious medical condition (diabetes, epilepsy, etc.) should have an emergency supply of their prescription medication at school with the appropriate consent forms in case of disaster.

If medication is to be administered at school, all of the following conditions must be met:

1. **A written statement signed by the physician** specifying the condition for which the medication is to be given, 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.**
5. **A separate form is required for each medication.**

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

This request is valid for a maximum of one school year. **Whenever there is a change in medication**, dose, time, or route, the parent(s) and physician must **complete a new form.**

Parent/Guardian and Physician Request for Medication

Fax 661-5497

Name of Student: _____ Birthdate _____ Grade _____
Address _____ **Room** _____

**PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION
PRESCRIPTION AND NONPRESCRIPTION**

California Education Code Section, 49423 allows the Registered Nurse or other designated 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, to maintain, or improve his/her potential for education and learning.

I request that medication be administered to my child _____ in accordance with our physician's written instructions. I understand that designated school personnel will administer medication under supervision of a qualified Registered 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 physician and give permission to contact the physician when necessary.

Parent/Guardian Signature: _____ Date: _____

Telephone (Work): _____ (Home): _____

Medication must be in the student's original, labeled pharmacy container. You may request two containers, one for school and one for home.

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

Diagnosis/Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

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

Possible reactions: (possible serious reactions with this medication, i.e., allergic reaction, localized/general, etc.) _____

Instructions for emergency care: _____

Disposition of pupil following administration of medication. Circle one: (Rest ° Home ° Doctor's Office ° Hospital ° Return to Class).

Student may carry and self-administer the medication as ordered without direct supervision? YES _____ NO _____ (check one)

Physician's Signature: _____

Telephone: _____

Date: _____ (office stamp must be present)

SCHOOL

NURSE: _____ DATE: _____

Date of Request:

Date To Discontinue