

California Ed Code 49423 allows the school 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 or maintain or improve the potential for education and learning.

NON-PRESCRIPTION MEDICATION

Parents must complete the form on the next page requesting school personnel administer the medication with detailed information on the dosage, the timing of each dose, and the circumstances under which the medication should be administered. Parents must also clearly describe potential adverse reactions. Medication needs to be supplied in the original sealed container with all labels securely attached and legible.

SHORT-TERM PRESCRIPTION MEDICATION

All the above information must be provided with a signed document from the prescribing physician. The medication must be provided in the original sealed pharmacy container with the pharmacy prescription securely attached and legible.

LONG-TERM PRESCRIPTION MEDICATIONS (FOR LONGER THAN 6 MONTHS) AND/OR EMERGENCY MEDICATIONS (I.E. INHALER, EPI-PEN & INSULIN)

Parents of any student who has been prescribed long-term (for more than 6 months) medication and/or life-saving emergency medication must submit a Modification Request Form and a document from the student's physician. Additionally, any student who has been prescribed an inhaler or Epi-Pen must submit an allergy and/or asthma action plan (this form may be obtained from your child's physician). Medication needs to be supplied in the original sealed container with all labels securely attached and legible.

MEDICATION FOR FIELD TRIPS

These same procedures will be followed for any medications administered on a field trip. **Students with long-term prescription medications and/or emergency medications must travel with teachers who are trained to administer the medication.**



This form must be completed fully in order for school personnel to administer the required medication. A new Medication Administration Authorization Form must be completed at the beginning of each school year and each time there is a change in dosage or time of administration of a medication.

- **Non-prescription** medication must be in the original sealed container with the label intact and legible.
- **Prescription** medication must be in the original sealed container labeled by the pharmacist or prescriber accompanied by a physician's note.
- **Medications for field trips** should be delivered to the school within 24 hours before the trip. Medications should be in the original sealed container with the label intact and legible and put in a Ziploc bag with this form included.

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is administered: _____

Medication Name: _____ Dose: _____

Route (i.e. orally, injection, applied on skin, etc.): _____

Time/frequency of administration: _____

Relevant side effects: None expected Specify: _____

Medication shall be administered from (Month/Day/Year): _____ to _____

PARENT/GUARDIAN AUTHORIZATION:

I/We request designated school personnel to administer the medication stated above. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, medication must be picked up by the last day of school, otherwise it will be discarded. I/we will comply with the school's policies and procedures. I/we will notify the school if there are changes in my/our child's health status, changes in medication or change in health care provider.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____