

Orange County Department of Education Instructional Services

PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR MEDICATION

Name of Student:	Birthdate:		
School/District:	Teachers Name:		
	REQUEST FOR THE ADMINISTRATION OF ESCRIPTION AND NONPRESCRIPTION	MEDICATION	
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.			
instructions. I understand that designate supervision of a qualified School Nurse in medication, dosage, time of administration for the school nurse to exchange medication.	ed to my child in accordance with our authorized he ed non-medical school personnel may assist in carry a. I will notify the school immediately and submit a ration, and/or the prescribing authorized health care ation-related information with the authorized health personnel regarding the medication and its possible of	ving out written orders under new form if there are changes the provider. I give permission to care provider. The school	
health care provider and parent. Back-u	inhalers may be carried by the student when recomp medication should be kept at school for emergen y if my child suffers an adverse reaction as a result of	cy use. I release the district	
Parent/Guardian Signature:	Date:		
Telephone: (Work)	(Home)		
AUTHORIZED HEALTH CARF	E PROVIDER REQUEST FOR ADMINISTRAT	 ΓΙΟΝ OF MEDICATION	
Reason for Medication:			
Medication:	Dose: mg. Route:	Time:	
If PRN: Amount of time between doses	Maximum number of doses	per day.	
Possible medication reactions:			
Instructions for emergency care			
Authorized Health Care Provider Signat	ture:		
Authorized Health Care Provider Name	e (print clearly):		
Date of Request:			
Date to Discontinue Medication:		Office Stamp	
	professional opinion that this student should be per tudent has been instructed in, and demonstrates an u Health Care Provider Initials	understanding of proper usage.	
SCHOOL USE: Reviewed by:	Date:		



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PARENT NOTIFICATION FOR THE ADMINISTRATION OF MEDICINE AT SCHOOL

Name of Student:	

TO THE 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. **Medications, both prescription and over the counter**, may be given at school when it is deemed absolutely necessary by the authorized health care provider that the medication 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 providers 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 a 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 at school 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.

<u>IF MEDICATION IS TO BE ADMINISTERED AT SCHOOL, ALL OF THE FOLLOWING</u> 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, side effect; 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.
- 5. All <u>liquid medication</u> must be accompanied by an <u>appropriate measuring device</u>.
- 6. If pill splitting is required to obtain the correct dose of medication to be administered, only pills that are scored may be split, scored pills may be split in half only, and a commercial pill splitting device should be used for correct splitting.
- 7. Over the counter medication that has been prescribed by an authorized health care provider must be in its original container.
- 8. A separate form is required for each medication.

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