

# AUTHORIZATION FOR MEDICATION TAKEN DURING SCHOOL HOURS

This form must be renewed whenever the prescription changes and at the beginning of each school year.

## Part 1: To be completed by Parent or Legal Guardian

**Note:** All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, and name of California Physician or California Licensed Health Care Provider.

I request that designated school personnel assist my child in taking this prescribed medication (including prescribed over-the-counter medication). I understand that my child may not have nor take medication at school unless all requirements are met. I understand that this medication may be administered by a non-licensed school personnel designated by the school principal and trained by the credentialed school nurse (RN). I hereby give consent for a School Nurse or District Administrator to communicate with my child's California Physician or California Licensed Health Care Provider, and school personnel as needed with regards to this medication.

California Education Code, § 49423 – Administration of Prescribed Medication for Pupil- Notwithstanding the provisions of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated personnel if the school district receives:

1. A written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken, and
2. A written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in matters set forth in the physician's statement.

California Education Code, § 49480 – Continuing Medication Regimen for Non- episodic Condition- The parent or legal guardian of any student on a continuing medication regimen for a nonepisodic condition shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the student, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. School Administration shall be responsible for informing parents of all pupils of the requirements of this section.

I hereby give my permission for my child (named above) to receive medication in accordance with school policy regarding Administering Medications to Students. All medications, including over-the-counter products, have been prescribed by a licensed health care provider. Medications will be furnished in current pharmacy-labeled bottles with identifying information and brought to school by parent/guardian. I assume full responsibility for informing the school of any change in my child's health and/or medication. I agree that medication dosage cannot be changed without a physician's order. Further, I hereby release the school and their agents and employees from all liability that may result from my child taking the prescribed medication.

NOTE: I understand some emergency medications may be self-carried and administered. Additionally, scheduled medication may be self-administered under supervision while traveling on a field trip. If appropriate, I consider my student to have the maturity and knowledge to self-administer his/her medication and understand that the school system can assume no liability for monitoring the self-administration. I assume the responsibility for ensuring that my child is carrying and taking their medication as ordered. Prior to acceptance of a self-administered medication on campus, the school nurse must ascertain the student's maturity and knowledge, as well as review/ensure compliance with school. Schools may revoke this privilege if the student proves to be irresponsible or incapable. With these facts in mind, I give permission for my child to self-administer medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Name \_\_\_\_\_

M F  
Sex

Birthdate \_\_\_\_\_

SS# \_\_\_\_\_

Grade \_\_\_\_\_

Date \_\_\_\_\_

Parent/ Legal Guardian Name \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_

*Procedures under the Individualized Education Program (IEP) for special education students should not be addressed on this form.*

# AUTHORIZATION FOR MEDICATIONS TAKEN DURING SCHOOL HOURS, SCHOOL ACTIVITIES AND FIELD TRIPS

Valid only for the current school year or as designated in the Individual Education Program (IEP) or in the 504 Plan.

**Exception:** California Education Code 49423.5, specialized services, i.e., EpiPen, nebulizer, glucagon, insulin, diabetes care, etc., may require additional forms and instructions signed by parent or legal guardian and physician. Request Specialized Services forms from school.

PARENT OR LEGAL GUARDIAN

## 1. Parent or Legal Guardian Section

**Note:** All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, time schedule and name of physician. Please refer to Legal References Governing the Administration of Medication in Schools on the reverse side of this form.

I request that designated unlicensed, trained school staff or licensed nurse assist my child in taking this prescribed medication(s) (including prescribed over-the-counter medication). I understand that my child may not be assisted with medication at school until all requirements are met. I hereby give consent for a school nurse (or designee) to communicate with my child's prescriber and to counsel school personnel as needed with regard to my child's health. I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this medication. I agree to comply with district rules related to administering medication at school.

Name of Child \_\_\_\_\_  M  F \_\_\_\_\_  
 Sex Birth Date \_\_\_\_\_ Student Identification Number \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Room Number \_\_\_\_\_

List all medications routinely taken outside of school hours: \_\_\_\_\_  
 I will immediately notify the school if there are any changes in medications my child is taking at school.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_ Home/Mobile Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

## 2. Physician Section

The child named above is under my care for these diagnoses: \_\_\_\_\_  
 It is necessary for him or her to receive the following prescribed medication(s) during schools hours.

Name of Medication \_\_\_\_\_ Dosage (be specific, i.e. milligrams, etc.) \_\_\_\_\_  
 Time of day to be given \_\_\_\_\_ Frequency and Indication if "as needed" \_\_\_\_\_  
 Method of administration \_\_\_\_\_ Duration \_\_\_\_\_  
 Precautions or side effects \_\_\_\_\_  
 Storage and handling  Routine handling, medication in locked storage and administered by authorized school personnel  
 On-site 72 hour disaster supply only  
 It is *Medical Necessity* for child to carry prescription for asthma, anaphylactic shock or diabetes, and indicate:  
 Designated school personnel to administer  
 Child trained to self-administer

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 Time of day to be given \_\_\_\_\_ Frequency and Indication if "as needed" \_\_\_\_\_  
 Method of administration \_\_\_\_\_ Duration \_\_\_\_\_  
 Precautions or side effects \_\_\_\_\_  
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 Precautions or side effects \_\_\_\_\_  
 Storage and handling  Routine handling, medication in locked storage and administered by authorized school personnel  
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Stamp physician name/address below:

Signature of Physician: \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician (please print) \_\_\_\_\_ License Number \_\_\_\_\_ Office telephone \_\_\_\_\_

PHYSICIAN

## LEGAL REFERENCES GOVERNING THE ADMINISTRATION OF MEDICATION IN SCHOOLS

### California Education Code, section 49423.

- (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon or ordered for him or her by a physician assistant practicing in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).
- (b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant 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 and surgeon or physician assistant.
- (2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant 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, 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 if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to this paragraph.
- (3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.
- (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses auto-injectable epinephrine in a manner other than as prescribed.

### California Education Code, section 49423.1.

- (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician or surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).
- (b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon 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 requesting that the school district assist the pupil in the matters set forth in the statement of the physician or surgeon.
- (2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon 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 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 if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.
- (3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.
- (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses inhaled asthma medication in a manner other than as prescribed.

### California Education Code, section 49423.5.

- (a) Notwithstanding Section 49422, an individual with exceptional needs who requires specialized physical health care services, during the regular schoolday, may be assisted by any of the following individuals:
- (1) Qualified persons who possess an appropriate credential issued pursuant to Section 44267 or 44267.5, or hold a valid certificate of public health nursing issued by the Board of Registered Nursing.
- (2) Qualified designated school personnel trained in the administration of specialized physical health care if they perform those services under the supervision, as defined by Section 3051.12 of Title 5 of the California Code of Regulations, of a credentialed school nurse, public health nurse, or licensed physician and surgeon and the services are determined by the credentialed school nurse or licensed physician and surgeon, in consultation with the physician treating the pupil, to be all of the following:
- (A) Routine for the pupil.
- (B) Pose little potential harm for the pupil.
- (C) Performed with predictable outcomes, as defined in the individualized education program of the pupil.
- (D) Do not require a nursing assessment, interpretation, or decisionmaking by the designated school personnel.
- (b) Specialized health care or other services that require medically related training shall be provided pursuant to the procedures prescribed by Section 49423.
- (c) Persons providing specialized physical health care services shall also demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.
- (d) "Specialized physical health care services," as used in this section, includes catheterization, gastric tube feeding, suctioning, or other services that require medically related training.
- (e) Regulations necessary to implement this section shall be developed jointly by the State Department of Education and the State Department of Health Care Services, and adopted by the state board.
- (f) This section does not diminish or weaken any federal requirement for serving individuals with exceptional needs under the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), and its implementing regulations, and under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) and its implementing regulations.
- (g) This section does not affect current state law or regulation regarding medication administration.
- (h) It is the intent of the Legislature that this section not cause individuals with exceptional needs to be placed at schoolsites other than those they would attend but for their needs for specialized physical health care services.