



MEDICATION ADMINISTRATION REQUEST

This form must be completed with physician and parent/guardian signature before any medication can be administered at school.

Health Team Approval

Date

This must be completed before medication can be given.

If medications must be taken during the school day, it is necessary, according to California Education Code Section 49423, to secure a written statement from the student's physician detailing the method, amount, and time schedules by which such medication is to be taken. Please include all the times the medication is given, even outside of the normal school day, to cover the 72-hour emergency supply orders.

Medication must be in a properly labeled pharmacy bottle containing the name and telephone number of the pharmacy, the student's identification, name of the physician, and dosage of the medication to be given (BP 5141.21). No medications, including over the counter medications, will be given at school without a current prescription from a physician.

Student name: _____ Date of birth: _____
 School of attendance: _____ Teacher: _____

Medication	Dosage (mg per tab or mg per ml per dose)	Number of tablets, tsp, or ml	Route- How the med is given	GIVE EXACT TIMES (example: 8:00 am, 3:00 pm, don't just check off am or pm) CIRCLE doses that are given at school
1.				___:___ am ___:___ pm ___:___ am ___:___ pm
2.				___:___ am ___:___ pm ___:___ am ___:___ pm
3.				___:___ am ___:___ pm ___:___ am ___:___ pm
4.				___:___ am ___:___ pm ___:___ am ___:___ pm

PLEASE ALLOW THE STUDENT TO CARRY INHALER/MEDICATION AND SELF ADMINISTER. Student has been trained at the MD's office for self administration. ___yes or ___no

Physician's signature: _____ Physician's Phone: _____
 Physician's printed or stamped name: _____
 Address: _____ Date: _____

TO BE COMPELTED BY PARENT/GUARDIAN

I authorize school personnel to administer medication to my child as ordered by the Healthcare Provider. I have reviewed the guidelines listed on the back of this form and agree to these provisions.

Parent/Guardian signature: _____ Date: _____
 Home Address: _____
 Phone: _____ Work: _____

Please Return to: District Nurse, 800 Niblick Road, Paso Robles, CA 93446 Fax: (805) 237-3428

-----Parent: please review opposite side before signing-----

PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT

AUTHORIZATION TO DISPENSE MEDICATION

Parents are requested to give medication at home and on a schedule other than during school hours. If it is necessary that a prescription or over-the-counter medication be given during school hours, the following regulations will be followed.

- Medication must be brought to school by an adult in the original container with the appropriate pharmacy label or package instructions intact. (When you get prescriptions filled, you can ask the pharmacist to divide the medication into two containers so you will have one for school and one for home use.) Refills need to be brought to the office by an adult and the new container left with the office.
- Parent/guardian must sign the opposite side of this form granting designated school personnel permission to administer medication and acknowledging that you have read and agree to the terms of this form.
- Physician must complete the opposite side of this form for **all** medications.
- For long-term medication, a consent form must be completed by the parent/guardian and physician for each new school year.
- It is the student's responsibility to come to the office to obtain his/her medication.
- If there is a change in the medication, method of administering the medication, frequency or medication dosage, the physician and parent must complete a new form.
- At the end of the school year, all medications must be picked up by the parent/guardian on the last day of school, or it will be destroyed per safety regulations.
- With parent **and** physician approval, students may be allowed to carry medication. For the safety of all students, the school nurse **recommends** that this be limited to 5th grade students and older. Students carrying medication must use them appropriately and not allow other students access to them.
- Students with written permission to carry medication from their physician and parent may be subject to disciplinary action under Education Code section 48900 if the student uses inhaled asthma medication or auto-injectable epinephrine in a manner inconsistent with the law.
- Permission is granted to school nurse or designated school employee to contact the physician regarding the medication.

He recibido una copia de este formulario en español. _____ inicial

----- Please sign reverse side -----