

PARENT/GUARDIAN INFORMATION FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

We do not encourage students having medications at school. When your child is under the care of a physician and must take medication for a specific diagnosis or condition we wish to assist you as needed. A school nurse is not available at our school, so a medically untrained person administers the medication. Consequently, we urge you, with help of your physician, to work out a schedule to give medication outside school hours.

We require all medication to be stored in the office and be administered only when the physician's and parent's/guardian's signed permissions are on file. Children are not allowed to have medication in their possession at school, walking to and from school, or on the school bus. This practice provides for the safety of all students on campus. The only exception to this policy is if the student's well-being is in jeopardy unless the medication, such as an inhaler for asthma, is carried on his/her person.

California Education Code Section 4923. Administration of Prescribed Medication for Pupil. Notwithstanding, the provision 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 school personnel if the school district received (1) a written statement from such physician detailing the method amount, amount and time schedules by which such medication is to be taken, and (2) a written statement from the parent or guardian or the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

In compliance with *California Education Code 49423*, when an employee of the school district gives a medication to a student, the employee must be acting in accordance with the written directions of a physician and with the written permission of child's parent or legal guardian. These authorizations must be renewed whenever the prescription changes and at the beginning of each school year. The prescription label on the container is not acceptable as a physician's statement. Over-the-counter medications will be given only if prescribed by a physician or dentist.

1. Medication must be brought to school by the parent or adult representative.
2. Medication must be brought to school in the original pharmacy container.
3. Over-the-counter drugs must also have a completed form on file.
4. All medications must be kept in the office unless otherwise directed by the physician.
5. The Authorization to Administer Medication at School Form must be renewed whenever the prescription and/or dosage changes and at the beginning of each school year.
6. Parent or adult representative must pick up unused medication at the end of each school year or when the medication order expires.
7. Medication that is not picked up at the appropriate time will be discarded.

For further information or assistance, please call Lucerne Elementary School at (707) 274-5578.

LUCERNE ELEMENTARY SCHOOL DISTRICT

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Authorization to Administer Medication at School

The California Education Code states that any pupil who is required to take medication, prescribed by a physician, during the school day must provide the school district with:

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

This form must be completed/signed by the physician and the parent or guardian before any medication can be administered at school. Over-the-counter medications will be given only if prescribed by a physician or dentist. If your physician would like your child to carry either an asthma inhaler or emergency medication (i.e. Epipen), part III (on the back of this form) must be completed by the physician, parent/guardian and student.

*****THE PARENT OR ADULT REPRESENTATIVE MUST BRING ALL MEDICATIONS TO SCHOOL IN THE ORIGINAL CONTAINER.*****

I. THIS SECTION IS TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name: _____ Birth Date: _____

Grade: _____ Teacher: _____ Home Phone #: _____

I give permission for (name of student) _____ to receive medication at school according to standard school policy, I, or an adult representative whom I designate, will bring all medications to school. By signing this form I am agreeing to hold the school and its personnel **FREE** from any or all liability which might arise from the arrangements.

Signature of Parent/Guardian

Date

II. THIS SECTION IS TO BE COMPLETED BY PHYSICIAN

Name of Medication: _____ Diagnosis: _____

Form of Medication: Tablet/Capsule Liquid Inhaler Injection Other _____

Start Date: _____ Drop Date: _____ Dosage: _____

Time of Administration: _____

Side Effects: _____

Printed Name of Physician: _____ Phone #: _____

Address: _____

Signature of Physician:

Date:

Section III is on the back of this form ⇨

III. PERMISSION TO CARRY ASTHMA INHALERS/EPIPENS

(Part I and II must be completed)

A. To be completed by the Physician:

Student Name: _____ has been instructed in the proper use of his/her _____ medication. The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request he/she be permitted to carry the _____ medication at school. He/she understands the purpose, appropriate method, and frequency of use of the _____ medication.

Signature of Physician: _____ Date: _____

B. To be completed by the Parent/Guardian:

I permit my child to carry _____ medication as ordered by his/her Physician.

Signature of Parent/Guardian: _____ Date: _____

C. To be completed by the Student:

I have been instructed in the proper use of my _____ medication and will take it as prescribed by my physician.

Signature of Student: _____ Date: _____