



Dear Parent/Guardian:

California Education Code 49423 states that:

Any pupil who is required to take during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school 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,*
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. *The written statement must be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.*

"Medication" may include not only a substance dispensed in the United States by prescription, but also a substance that does not require a prescription, such as over-the-counter remedies, nutritional supplements, and herbal remedies

In order to receive medication from the school nurse or other designated school personnel, written authorization from the physician as well as parental permission are required. The pharmacy label does not take the place of a physician's written order. Please use the checklist below to complete the Permission to Administer Medication during School Hours form (attached) and return to your school in a timely manner. **Medications will not be given until the District Nurse checks the physician's order and medications provided for accuracy and completeness.** This can take up to 72 hours.

If you have any questions, please contact your school nurse through your school office.

Physician Requirements (Check Off as completed)	Parent Requirements (Check off as completed)
<input type="checkbox"/> Complete, sign and date the form him/herself. (Note: Signed medical orders with the student's name, date of birth, dose, route, and frequency is acceptable. Parent will still need to sign Parent Section.)	<input type="checkbox"/> Sign and date Parent Section of the form
<input type="checkbox"/> Ensure medication dose is written in milligrams (mg)	<input type="checkbox"/> Pack Ziploc Bag <ul style="list-style-type: none">● Label with student's first and last name● Include Permission to Administer Medication form● Include Medications<ul style="list-style-type: none">✓ Medications must be in pharmacy container with prescription label✓ Must match exactly the medication name and form (liquid, tablet etc.) written by the doctor✓ Note the expiration date. Expired medication will not be given in the health office. If the medication expires during the school year, the parent/guardian is responsible for bringing a new prescription.
<input type="checkbox"/> Medication route, reason for administration and time for administration must be provided. If medication is 'as needed', then the frequency of administration must be included (i.e. every 4 hours).	<input type="checkbox"/> Deliver medications to school office or the health office (not the classroom).



Gilroy Unified School District Health Services
 7810 Arroyo Circle Gilroy, CA 95020
 (408) 847-2700 Fax: (408) 848-7161

School Year _____

School _____

School Fax: _____

ADMINISTRATION OF MEDICATIONS DURING SCHOOL HOURS/FIELD TRIPS

*THIS FORM MUST BE COMPLETED BEFORE ANY PRESCRIPTION OR
 OVER-THE-COUNTER MEDICATION CAN BE ADMINISTERED AT SCHOOL*

Student Name _____ DOB _____

PHYSICIAN'S ORDER *(To be completed by health care provider. Only one medication per form)*

NOTE: Physician's order is required for all medication given in the school, regardless if student will carry medication or if medication will be in health office.

CONTROLLED MEDICATIONS INCLUDING ANTI-DEPRESSANTS MAY NOT BE CARRIED BY STUDENT

DRUG	DOSE (mg)	ROUTE	TIME	DIAGNOSIS

Possible Side Effects: Nausea Increased heart rate Drowsiness Other: Please describe:

Physicians Signature _____ Date _____

Physician Name (Please print) _____

Telephone: _____ Fax: _____

Clinic Stamp Here

The above named student may carry and self-administer medication. I have confirmed that the student is capable of appropriate self-administration of the above named medication. If the student is younger than 18, the parent/guardian assumes all liability related to this patient's use, timing and technique in self-administering this medication.

Yes, the student may carry his or her medication, as per above.

No, the student will not carry his or her medication.

TO BE COMPLETED BY PARENT/GUARDIAN

I request that my child be allowed to take medication at school according to the instructions from his/her physician. I understand it is my responsibility to bring the medication to school in the original pharmacy container labeled with the child's name, medication, dosage and directions (Ed Code 49423). Determination of the request will be reviewed by the school nurse.

I authorize the school personnel to assist with the above medication for my child as ordered by the physician listed above. I understand that trained, nonmedical school personnel may assist with this medication. (Ed Code Sec. 49423 and 49480) (Some medications require additional physician's orders and parental approval; or administration by licensed personnel, e.g. insulin, diastat.)

I authorize exchange of information between my child's Physician, District Nurse, or site administrator with regard to this medication request.

Parent/Guardian Signature _____ Date _____

Daytime Phone Numbers
 Home _____ Cell _____ Work _____

STUDENT CONTRACT FOR CARRYING OWN MEDICATION: I _____ will be responsible for carrying, administering, and keeping safe at all times, my medication. I will use the medication in the way prescribed by my physician. I will not show or share my medication with other students. I will immediately report to persons in charge if any of my medication is missing. It is a GUSD practice that elementary school students do not carry medication except in special circumstances.)

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

While the school will make every effort to cooperate, the student must assume responsibility for coming to the office for the medication.