

**WISEBURN SCHOOL DISTRICT – HEALTH SERVICES
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

TO BE COMPLETED BY PARENT:

STUDENT NAME

SEX

DATE OF BIRTH

SCHOOL

- I do authorize school staff (including nurse, health clerk, teacher, administrative staff) to assist my child with medication administration, and I understand that these medications will be stored in the health office. **ALL MEDICATIONS MUST BE IN ORIGINAL PACKAGING WITH PHARMACY LABEL.**
- I do **NOT** authorize school staff (including nurse, health clerk, teacher, administrative staff) to assist my child with medication administration. My child will carry his medication with him and self-administer this medication as needed. **NOTE: THIS APPLIES TO ASTHMA INHALERS, EPIPENS, AND CERTAIN DIABETIC MEDICATIONS ONLY. ALL OTHER MEDS MUST BE STORED IN HEALTH OFFICE. SEE BELOW FOR MORE INFORMATION ON SELF ADMINISTERED MEDICATION.**

SIGNATURE OF PARENT

TELEPHONE NUMBER

DATE

TO BE COMPLETED BY PHYSICIAN:

NAME OF MEDICATION

PURPOSE OF MEDICATION

DOSAGE PRESCRIBED

TIME SCHEDULE

DOSE FORM

PRESCRIPTION DATE

LENGTH OF TIME TO BE TAKEN

METHOD OF ADMINISTRATION

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, OTHER COMMENTS

- It is my professional opinion that the above named student is capable of carrying and self-administering this medication and does **NOT** require assistance or monitoring by school personnel.

The above named student is currently under my care and receiving medications prescribed in my office:

Print Name of Physician/Healthcare Provider

Signature of Provider

Address

Telephone

Date

Office Stamp

SELF- ADMINISTERED MEDICATIONS REQUIRE PARENTAL SIGNATURE (ABOVE), PHYSICIAN AGREEMENT AND SIGNATURE (ABOVE).

ANY CHANGES IN MEDICATIONS MUST BE REPORTED TO THE SCHOOL HEALTH OFFICE IMMEDIATELY AND A NEW MEDICATION ADMINISTRATION FORM MUST BE COMPLETED.

MEDICATION ADMINISTRATION

C.E.C. 49423 states: Any pupil who is required to take, during the regular school day, medication prescribed by a physician, may be assisted by the school nurse or other designated school personnel if the school district has received (1) a written statement from such physician detailing the name of medicine, 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 the matter set forth in the physician's statement.

WISEBURN SCHOOL DISTRICT POLICY

The Board of Trustees recognizes that students sometimes may need to take prescribed medication during the school day in order to be able to attend school without jeopardizing their health. In such cases, when the District has received written statements from the student's physician and parent/guardian as required by law, designated personnel shall assist the student in taking the medication.

Before the school nurse or health aide administers any prescribed or non-prescribed medication to any student during school hours, the District shall have received:

1. *A written statement from the student's physician detailing the method, amount and time scheduled by which the medication is to be taken, and*
2. *A written statement from the student's parent/guardian requesting the District assist the student in taking the medication as prescribed by the physician.*

Parents/guardians will be asked to secure from the physician a prescription for duplicate supplies of the medication, one supply to be kept at home and one at school. Both supplies shall 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. The school nurse or health aide shall be responsible for the medication at school and shall administer it in accordance with the physician's indicated dosage schedule.

All medications must be delivered to the school by the parent/guardian or his/her adult representative.

The school nurse or health aide shall maintain a list of students needing medication during school hours, including the type of medication, times, and dosage. This list will be kept in the principal's and/or school nurse's office and shall be reviewed and updated periodically.

The school nurse or health aide shall maintain a log recording the student's name and the time and date when medications were given.

All medication shall be kept in a locked drawer or cabinet. At the end of the school year, all medication will be discarded if it is not picked up prior to the last day of school.

The Superintendent or designee shall inform all parents/guardians of the following requirements:

1. *The parents/guardians of a student on a continuing medication regimen from a non-episodic condition shall inform the school nurse or other designated certificated employee of the medication being taken, the current dosage and the name of the supervising physician. (Education Code 49480)*
2. *With the parents'/guardians' consent, the school nurse may communicate with the student's physician regarding the medication and its effects. The school nurse may also counsel school personnel regarding the possible effects of the drug on the student's physical, intellectual and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. (Education Code 49480)*