



PHYSICIAN INSTRUCTIONS

For SCHOOL ASSISTED MEDICATION

School _____

School Phone # _____

School Fax # _____

This form must be completed before any medication (prescription or over-the-counter) can be given, or taken, at school. Signatures of both physician and parent/guardian are required. This form must be renewed annually or with any change in medications.

Student Name: _____ **Date of Birth:** _____

PHYSICIAN USE ONLY

Medication: _____ **Dose:** _____ **Reason/Diagnosis:** _____

Start Date: _____ **Stop Date:** _____

Route: Oral Nasal Topical Inhale Injection Other _____

Frequency: _____

Other Instructions: _____

Medication: _____ **Dose:** _____ **Reason/Diagnosis:** _____

Start Date: _____ **Stop Date:** _____

Route: Oral Nasal Topical Inhale Injection Other _____

Frequency: _____

Other Instructions: _____

Physician's Signature: _____ **Date:** _____

Physician's Name: _____

Address: _____ **City:** _____ **Zip Code:** _____

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year. California Education Code section 49423 provides 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 and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

California Education Code section 49423 (c) A pupil may be subject to disciplinary action pursuant to Sections 48900 if that pupil uses an inhaler or auto-injectable in a manner other than as prescribed

Parent Request

For Assistance with Medication at School

This form must be completed before any medication (prescription or over-the-counter) can be given, or taken, at school. Signatures of both physician and parent/guardian are required. This form must be renewed annually or with any change in medications.

Parent Request for School Assistance with Medication

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student (with the exception of asthma inhalers and epinephrine auto-injectors accompanied by appropriate physician instructions).

- A. I hereby request that the staff of my child's school assist in giving medication to my child during school hours as stated in the physician instructions. I also give permission to contact the physician for consultation and exchange of information as needed.

Signature of Parent/Guardian: _____ **Date:** _____ **Phone Number:** _____

- B. For ASTHMA INHALER/EPINEPHRINE AUTO-INJECTORS self-administered only: I hereby request that my student carry and self-administer his/her asthma inhaler or auto-injector. I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication. I also give permission to contact the physician for consultation and exchange of information as needed.

Signature of Parent/Guardian: _____ **Date:** _____ **Phone Number:** _____

Student Contract – Asthma Inhalers Only

I agree to keep my medication in a safe and secure place, such as on my person, at all times. I agree I will NEVER share my medication with another student. If I am using my inhaler more than once a day, I will speak with the school nurse.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year

California Education Code 49423 (c) A pupil may be subject to discipline action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.