

## PHYSICIAN INSTRUCTIONS

### For SCHOOL ASSISTED MEDICATION

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

Over the counter medications must be new, unopened with the student's name/date of birth on it.

All medications filled by a pharmacist must come with the pharmacy provided label; this includes self-carry inhalers, epi pens, etc.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### PHYSICIAN USE ONLY

**1. MEDICATION:** \_\_\_\_\_ **Dose:** \_\_\_\_\_ **Reason/Diagnosis:** \_\_\_\_\_

Route: Oral Nasal Topical Stop date if a short term medication: \_\_\_\_\_  
 Inhale Injection Other \_\_\_\_\_

If DAILY ~ Time(s) to be given: \_\_\_\_\_

If AS NEEDED (prn) ~ Frequency:  Every 3 to 4 hrs.,  Every 4 to 6 hrs.,  Other : \_\_\_\_\_

\*Self carry for asthma inhaler or epinephrine auto-injectors ONLY. Contract signed by parent and student.

Other instructions if needed (e.g., signs/symptoms for usage, special storage, adverse reactions): \_\_\_\_\_

**2. MEDICATION:** \_\_\_\_\_ **Dose:** \_\_\_\_\_ **Reason/Diagnosis:** \_\_\_\_\_

Route: Oral Nasal Topical Stop date if a short term medication: \_\_\_\_\_  
 Inhale Injection Other \_\_\_\_\_

If DAILY ~ Time(s) to be given: \_\_\_\_\_

If AS NEEDED (prn) ~ Frequency:  Every 3 to 4 hrs.,  Every 4 to 6 hrs.,  Other : \_\_\_\_\_

\*Self carry for asthma inhaler or epinephrine auto-injectors ONLY. Contract signed by parent and student.

Other instructions if needed (e.g., signs/symptoms for usage, special storage, adverse reactions): \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

California Education Code section 49423 provides that 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 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 or 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 Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.