



SANTA ROSA CITY SCHOOLS
HEALTH SERVICES

AUTHORIZATION FOR PRESCRIBED AND OVER THE COUNTER MEDICATION ADMINISTRATION

Name of student	Date of Birth	Grade	School
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EDUCATION CODE 49423 authorizes 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 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 manner set forth in the physician's statement.

I request medication prescribed be administered to my student by the health technician or other designated staff. I give my permission for the school nurse to contact the physician for consultation as needed.

Parent/Guardian Signature Home Phone Cell Phone Date

PHYSICIAN AUTHORIZATION

Name of Medication	Health Condition for which it is Prescribed
Time to be Taken	Dosage
Method of Administration	Precaution-Possible Side Effects
Date to be Discontinued	Physician's Phone Number
Name of Physician (please print)	Date

Student is allowed to carry and self-administer EMERGENCY medication

YES NO

PHYSICAL ACTIVITY: No PE Limit running Student to judge own activity No restrictions

Signature of Physician

Date

(OFFICE USE ONLY)

Notified: Teacher PE Teacher Admin Cafeteria in Computer Signature: _____ Date: _____

Noted by School District Nurse/Date: _____

A. GENERAL POLICY

1. No student shall be given medication during school hours except upon request from a licensed physician/healthcare provider who has responsibility for the medical management of the student. All such requests must be signed by the parent/guardian.
2. A new form is required each school year for each prescription.

B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

1. Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medication at school will be minimized or eliminated.
2. **Parents/guardians will assume full responsibility for the supply and transportation of all medications.**
3. Parents/guardians may administer medication to their child on a scheduled basis arranged with the school. **Students are only allowed to carry emergency medication as approved by their physicians.** (i.e. inhaler).
4. Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day of school will be discarded in the sharps container.

C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT/GUARDIAN

1. A request form the prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school office.
2. The medication must be in the original contained clearly labeled by the physician or pharmacy with the following information:
 - a. Student's name
 - b. Physician's name
 - c. Name of medication
 - d. Directions for use
3. Each medication is to be in a separate pharmacy container. Over the counter medication must be in a new sealed container.

D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. The school administrator will designate office staff that will be trained to administer medications.
2. Students will be assisted by office staff, with taking medications according to physician's instructions.