



Hawthorne School District

Educational Excellence

Dear Parents/Guardians:

At the bottom of this page is a copy of the California state law (Education Code 49423). A medication authorization form is attached. Any child who is to take, or apply, any medication at school must have this form completed by **the prescribing healthcare provider and parent/guardian.**

All medication, prescription or non-prescription, **must be in its original, properly labeled container.**

If your child will need to take medication at school, please return the attached completed form and medication to school as soon as possible.

For the safety of all the children, no medication is permitted without the supervision of a school official.

Please note that medication will not be administered without the appropriate written release. Each form completed is valid for the current school year ONLY.

Thank you for your cooperation.

Rudy Salas
Director of Pupil Personnel Services

State law (Education Code 49423) provides that any student who is required to take medication during the school day, which is prescribed for him/her by a healthcare provider, may be assisted by designated personnel if the School District receives the following two items:

1. A **written statement from the healthcare provider** which states the method, amount and time schedule for the medication.
2. A **written statement from the parent/guardian** asking school personnel to administer medication.



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Request for Assistance with Medication During Regular School Day

California State Law* requires that all students who need medication during school hours must do the following:

1. Present a written statement from the student's licensed healthcare provider detailing the method, amount and time schedules for the taking of the medication. (This includes over-the-counter medication)
2. Present a written statement from the student's parents/guardian requesting the District to assist the student in taking the prescribed medication.
3. Bring the medication in the original bottle, properly labeled.

Students may not carry medications on their persons or keep it in their lockers unless request in writing by the physician [healthcare provider] with approval from appropriate school personnel.

*Education Code 49423. Administrative Code Title 5. 18170

TO BE COMPLETED BY PARENT/ GUARDIAN

Last Name of Student

First Name

Sex

Date of Birth

School

I request that designated District personnel (not necessarily a school nurse) assist my child in taking the medication in accordance with the instructions provided below by the healthcare provider. I authorize the District to communicate with the healthcare provider below regarding my child's medical condition and/or the medication prescribed for it.

Date

Telephone

Signature of Parent/Guardian

TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER

Name of Medication

Purpose of Medication

Dosage of Prescription

Time Schedule

Dose form (Tablet, Liquid, etc.)

Date of Prescription

Length of Time To Be Taken

Method of Administration

DESCRIBE PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE SIDE EFFECTS, OR OTHER COMMENTS (PLEASE INCLUDE STORAGE INSTRUCTIONS) _____

The above named student for whom medication is prescribed is under my care.

Print or Type Name of Healthcare Provider

Signature of Healthcare Provider

Address

Telephone

Date

THIS REQUEST EXPIRES AT THE END OF THE SCHOOL YEAR IN WHICH MADE