AUTHORIZATION FOR ANY MEDICATION TAKEN DURING SCHOOL HOURS

Simi Valley Unified School District Student Support Services 101 West Cochran Street, Simi Valley, CA 93065

Valid *only* for the current school year or as designated in the Individualized Education Program (IEP) for Special Education students.

EXCEPTION: California Education Code 49423.5 – Specialized services, ie., EpiPen, AnaKit, glucagon, nebulizer, etc., may require additional forms and instructions signed by Parent or Legal Guardian and Physician. Request *specialized services forms* from school.

Please review the **'Notice of Provisions' California Education Code (CEC) Sections 49423, 49423.5, 49480 and California Administrative Code (CAC) Title 5, 18170**, on page 2 of this form.

PARENT OR LEGAL GUARDIAN

Part 1: To be completed by Parent or Legal Guardian

NOTE: All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, time schedule and name of Physician.

I request that designated school personnel assist my child in taking this prescribed medication (including prescribed over-the-counter medication). I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this medication. I understand that my child may not have nor take medication at school unless all requirements are met. I hereby give consent for a school nurse to communicate with my child's Physician and counsel school personnel as needed with regard to this medication.

Child's Name _____ M F Gender _____ Birthdate _____ Student ID _____

Name of School _____ Grade _____ Teacher _____ Room # _____

List all medications routinely taken *outside* of school hours _____

I have read and understand the 'Notice of Provisions' on page 2 of this form pertaining to '**Authorization For Any Medication Taken During School Hours.**' I will ***immediately*** notify the school if there are any changes in medications my child is taking at school.

Date _____ X _____ **Signature** of Parent/Legal Guardian _____ ( ) Telephone _____ ( ) Work Telephone _____

PHYSICIAN

Part 2: To be completed by the Physician

The child named above is under my care. It is necessary for him or her to receive the following prescribed medication during school hours.

Diagnosis for which medication is prescribed _____

Name of medication (one medication per form) _____

Dosage (Be specific, i.e., milligrams, etc.) _____

Time of day to be given _____ **Frequency if 'as needed'** _____

If 'as needed' describe indications and sequence orders _____

Method of administration ORAL ❑ Liquid ❑ Tablet ❑ Inhaler **DROPS** ❑ Eye **R L** ❑ Ear **R L** ❑ Nostril **R L**

OTHER ❑ Topical or ❑ _____

Precautions or side effects _____

Storage and handling ❑ Routine handling, medication in locked storage and administered by authorized school personnel

❑ 72 hour disaster supply only

If Medical Necessity for child *to carry* prescription for asthma, anaphylactic shock or diabetes:

❑ Designated school personnel to administer ❑ Child trained to self-administer

Additional special instructions _____

Date _____ Physician's Signature _____

Please Print Name _____

Office Address _____ City _____ Zip Code _____

Office Phone ( ) _____ NPI Number: _____

Office Fax ( ) _____ Medi-Cal Provider Yes ☐ No ☐

Stamp Physician name/address below.

NOTICE OF PROVISIONS

Legal References Governing the Administration of Medication in Schools

IN ACCORDANCE WITH THE CALIFORNIA EDUCATION CODE SECTIONS 49423, 49423.5, 49480 AND CALIFORNIA ADMINISTRATIVE CODE, TITLE 5,18170

California Education Code, Section 49423 - Administration of prescribed medication for pupil

Notwithstanding the provisions of Section 49422, 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 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 matters set forth in the physician's statement.

California Education Code, Section 49423.5 - Specialized physical health care services

(a) Notwithstanding the provisions of Section 49422, any individual with exceptional needs who requires specialized physical health care services, during the regular school day, may be assisted by the following individuals:
   (1) Qualified persons who posses an appropriate credential issued pursuant to Section 44267, or hold a valid certificate of public health nursing issued by the State Department of Health Services, or
   (2) Qualified designated school personnel trained in the administration of specialized physical health care provided they perform such services under the supervision of a school nurse, public health nurse, or licensed physician or surgeon.

(b) Specialized health care or other services that require medically related training shall be provided pursuant to the procedures prescribed by Section 49423.

(c) Persons providing specialized physical health care services shall also demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.

(d) "Specialized physical health care services" as used in this section include catheterization, gavage feeding, suctioning, or other services that require medically related training.

(e) Regulations necessary to implement the provisions of this section shall be developed jointly by the State Department of Health Services, and adopted by the State Board of Education.

California Education Code, Section 49480 – Continuing medication regimen for nonepisodic condition; required notice to school employees

The parent or legal guardian of any public school pupil on a continuing medication regimen for a nonepisodic condition, shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.

California Administrative Code Title 5,18170 – The agency shall follow these provisions pertaining to medication

1. An assigned staff member shall administer medications prescribed by a physician for a child provided written parental consent has been given.
2. Record of medication dosages to the child and date and time medication is administered shall be maintained by the facility.
3. Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for health supervision. Each container shall carry the name of the medication, the name of the person for whom prescribed, the name of the prescribing physician and the physician's instructions. All centrally stored medications shall be labeled and maintained in compliance with State and Federal laws. Each person's medication shall be stored in its originally received container.
   No medications shall be transferred between containers. The agency shall be responsible for assuring that a record of centrally stored prescription medications for each person in care includes: the name of the person for whom prescribed, the drug name, streng2th and quantity, the date filled, the prescription number and name of issuing pharmacy.
4. All medications shall be centrally stored in an area which is totally inaccessible to children.