

Authorization for Administration of Medication at School
Hanford Elementary School District

Dear Parent:

The California Education Code Section 49423 indicates any student who is required to take, during the regular school day, medication prescribed for him/her by a authorized healthcare provider may be assisted by the school nurse or other designated school personnel if certain requirements are met: (1) a written statement from the authorized healthcare provider detailing the method, amount, and time schedules 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 stated by the authorized healthcare provider. An authorized healthcare provider means an individual who is licensed by the State of California to prescribe or order medications, including, but not limited to, a physician or physician's assistant (Education Code 49423; 5 CCR 601). Other designated school personnel may include any individual employed by the District who consented to administer the medication or otherwise assist the student who may legally administer medication to the student or assist the student in the administration of the medication. (5 CCR 601) Medication may include not only a substance dispensed in the United States by prescription, but also a substance that does not require a prescription, such as over-the-counter remedies, nutritional supplements and herbal remedies (5 CCR 601).

Parent Request for School Personnel to Dispense Pupil Medication

We, the undersigned, the parents/guardian of _____ Date of Birth _____

Teacher/ Grade _____ who attends _____ School request that the school nurse or designated school personnel assist the pupil in the matter set forth by the attached authorized healthcare provider's statement. In the event of a medication reaction, it is understood that the Hanford Elementary School District and/or its employees will in no way be held responsible for carrying out this request.

Date Phone Number Signature of Parent/Guardian

Authorized Healthcare Provider's Orders:

Student's name DOB Nature of condition requiring medication during the school day

Name of medication Dose amt Time to be given and frequency* Method/Route

Possible side effects or precautions

***For emergency medications only: i.e., asthma relief inhaler, dosage may be repeated in emergency situations?** ☐ Yes ☐ No

(Note: Medication order and medication prescription label must MATCH for medication to be accepted the by school site.)

Date Authorized Healthcare Provider's Signature

*Injections/Nebulizer treatments must be accompanied by specialized instructions signed by the authorized healthcare provider and will only be administered by the student, school nurse, parent or trained school personnel. Please remember that a school nurse is not on campus daily.

SIGN BELOW FOR STUDENT TO CARRY AND SELF ADMINISTER MEDICATION AT SCHOOL.

Medication is always locked in the office unless otherwise specified.

This student has been instructed on the proper technique of medication administration and is aware of the correct dosage, potential side effects and can carry and self-administer the prescribed medication (i.e., Inhaler, Epi-Pen, etc.).

Date Authorized Healthcare Provider's Signature

Date Parent's signature