



Roseville Joint Union High School District

ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

This form must be completed and signed by you and your child's medical provider.

NAME OF STUDENT _____ DOB _____ School Year _____
School: _____

I. PARENT REQUEST

I request that my child, _____, be assisted in taking the prescribed medication/s listed below at school by authorized persons. By signing this form, I am stating that I have read the policies and instructions provided to me on the back of this form and understand them.

Parent/Guardian Signature _____ Date _____

II. PHYSICIAN INSTRUCTIONS *(to be completed by health care provider)*

1. Medication:	Dose/Route/Frequency:
Indication for medication:	Is medication a controlled substance? <input type="checkbox"/> Y <input type="checkbox"/> N
Special instructions/precautions/side effects:	
2. Medication:	Dose/Route/Frequency:
Indication for medication:	Is medication a controlled substance? <input type="checkbox"/> Y <input type="checkbox"/> N
Special instructions/precautions/side effects:	
3. Medication:	Dose/Route/Frequency:
Indication for medication:	Is medication a controlled substance? <input type="checkbox"/> Y <input type="checkbox"/> N
Special instructions/precautions/side effects:	

III. SELF ADMINISTRATION AUTHORIZATION/APPROVAL for emergency medication use only

If any of the above medication is a rescue inhaler or auto-injectable epinephrine that needs to be carried and self-administered by the student, **both the physician, parent/guardian and school nurse must agree, check and sign here** (School Nurse has final approval for self-administering and/or carrying medication by student at school):

Prescriber's authorization for self administration: <input type="checkbox"/> Y <input type="checkbox"/> N	Signature/date
Parent/Guardian authorization for self administration: <input type="checkbox"/> Y <input type="checkbox"/> N	Signature/date
School Nurse authorization for self administration: <input type="checkbox"/> Y <input type="checkbox"/> N	Signature/date

Physician Name Date

Physician Signature

Address

Phone number



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Dear Parent/Guardian,

To request medication administration at school, PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

RESPONSIBILITY OF THE PARENT/GUARDIAN

- Medication WILL NOT be given until this form is completed and on file in the school health office.
- *Students are not permitted to carry any medications, including over-the-counter, on a school campus.* However, a physician, parent/guardian and school nurse may authorize a student to carry his/her prescribed emergency medication (ONLY auto-injectable epinephrine or inhaled asthma rescue medication), if necessary, with appropriate documentation.
- 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 will be discarded.

RESPONSIBILITY OF THE PHYSICIAN AND PARENT/GUARDIAN

- Any medication taken in school (BOTH PRESCRIBED AND OVER THE COUNTER) must be authorized by a parent/guardian AND a health care provider. No medication will be accepted by school personnel without receipt of completed and appropriate medication forms.
- Medication must be brought in the original container, both from the pharmacy or over the counter.
- If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again.
- Unless otherwise specified, medication order is valid for the entire school year.
- A new form is needed for all changes in medication, dose or time.
- ALL MEDICATION ORDERS MUST BE RENEWED ANNUALLY.

RESPONSIBILITY OF SCHOOL PERSONNEL

- The School Nurse will assume responsibility for placing medications in a locked cabinet.
- If the School Nurse is not available to give medication, another trained staff member may be assigned to do so.
- School Nurse or designated staff will assist and observe the student in taking medication according to the physician's instructions. The date and time each medication is given will be recorded on the Medication Record form by the staff member assisting the student in taking medication.
- The school district and its employees are not responsible for the results of this medication, should any undue reaction occur.
- School Nurse/staff members may not administer any medication at times other than those specified on the authorized form.
- Expired and discontinued medication not picked up by the last day of school will be destroyed.

BASIC LEGAL PROVISION – California Education Code §49423

Notwithstanding the provision of §49423, any student who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by school personnel if the school district has received: (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 student indicating the desire for the school district to assist the student in the matters set forth in the physician's statement.

*******PLEASE FILL OUT AND SIGN BACK PAGE*******