MORGAN HILL UNIFIED SCHOOL DISTRICT

15600 CONCORD CIRCLE, MORGAN HILL, CA 95037

PHONE: 408-201-6000

School Medication Authorization Form

Student Name: Date of Birth:
School: School Nurse:

California Ed Code 49423 allows the School Nurse or other designated school personnel to assist students who are required to take medication during the school day.

Medication must be in the original container with a pharmacy label attached. No medication (including over-the-counter medications) will be given at school without a current prescription from a CA licensed physician (MD, DO), dentist, nurse practitioner (NP, FNP, PNP, APRN/PP) or Certified Physician's Assistant.

Health Care Provider's Order (to be completed by provider only) Only one medication per form

Medication name /strength: Tablet ▢ Capsule ▢ Liquid ▢	**Dosage: Frequency**:
Time to be given at school:	**Route: Reason for medication/Diagnosis:**

Possible side effects: _____

❏ Student medication allergies: _____ ❏

The student has been instructed by provider in self-administration and may carry inhaler with them. ❏ The student has been instructed by provider in self-administration and may carry epipen with them. It is necessary for this medication to be taken during the school day at the time(s) indicated above.

_____

Printed Name of Licensed Physician Signature of Licensed Physician

_____

Address Phone NPI# Date

To Be Completed by Parent before giving form to Physician/Practitioner

I request that my child, _____, be assisted in taking the above prescribed medication at school by authorized persons. I will comply with the school's policy and procedures. I will notify the school if there are changes in my child's health status, changes in medication or change in health care provider.

_____ _____ _____

Parent/Guardian Name (printed) Parent/Guardian Signature Date

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Medication Protocol

Dear Parents/Guardians:

In the event your child needs to take any medication at school, or at any off-site school function, the following procedures must be taken:

1. The attached “School Medication Authorization Form” must be completed by both the physician and the parent/guardian before any medication can be given. This form may be found at your school site and on the district’s website.

2. All medication is to be kept in the school’s Health Office, including any over-the-counter medications (cough drops, Tylenol, Advil, etc.).

3. All medication must be in the original prescription bottle or the original labeled container if it is a non-prescription medication.

4. All medication orders are required to be renewed every school year.

5. If there are any medication or dosage changes, a new form must be completed and brought to school.

6. If your physician/practitioner has their own form or electronic copy that contains all the required information, please provide the Health Office with that documentation.

7. Medications need to be picked up by a parent or guardian on the last day of school each year. Your nurse and health assistant will send a reminder. All medications left in the Health Office after the last day of school will be discarded.

If you have any questions, please contact your school site’s Health Office or your School Nurse.

Sincerely,

Barbara Luther, RN, BSN, SNC
MHUSD District Nurses