MENLO PARK CITY SCHOOL DISTRICT

Student Services Department
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(650) 321-7140 Fax: (650) 292-2200

Original to Health file. Teacher please distribute as follows: cc: Teacher, Art, Music, PE, Science, Library. OK: Spanish Hillview: per class schedule.
Med cabinet

MEDICATION AUTHORIZATION FORM

The California Education Codes 49423, 49423.1 and the Medication Advisory relating to the giving of medications at school states that any student who is required to take medication prescribed by an authorized health care provider ("provider") during the regular school day, may be assisted by designated school personnel if the school district receives: 1) a written statement from such provider detailing the method, amount, and time schedules by which such medication is to be taken; and 2) a written request from the parent or guardian of the student indicating the desire that the school district assist the student in the matter set forth in the provider's statement.

These authorizations must be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes. **The prescription label on the container is not acceptable as a provider's order.** All medication must be provided in the container in which it was purchased with the prescription label attached. Over-the-counter medications will be given only if prescribed by a provider. I understand that the school nurse or other designated school personnel has my permission to communicate with the prescribing provider on matters related to this medication.

SECTION I: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Check Site: ☐Heritage Oak ☐Laurel ☐Encinal ☐Oak Knoll ☐Hillview

Student's Last Name _____ **First** _____ **DOB** _____ **Age** _____

Teacher _____ **Grade** _____

Check Yes or No ☐Yes ☐ No *I request that my child may carry on campus and self-administer this prescribed medication. Your child's physician must also indicate that your child has been educated and is capable of carrying and self-administering medication in Section II below.*

By signing below I give permission for my child to receive assistance taking medication by designated school personnel if needed.

Parent / Guardian's Signature _____ **Name Printed** _____ **Date** _____

Telephone _____

SECTION II: TO BE COMPLETED BY AUTHORIZED HEALTHCARE PROVIDER:

Medication: Check or write in one medication per section	**Dosage/Time or other instructions:**	**Method of Administration:** Check or write in	**Reason:**	**Discontinue this medication on:**
☐ Epinephrine ☐ Albuterol ☐ Diphenhydramine ☐ Other:		☐ Liquid ☐Injection ☐ Capsule/Tablet ☐ Other: _____		Date:
☐ Epinephrine ☐ Albuterol ☐ Diphenhydramine ☐ Other:		☐ Liquid ☐Injection ☐ Capsule/Tablet ☐ Other: _____		Date:
☐ Epinephrine ☐ Albuterol ☐ Diphenhydramine ☐ Other:		☐ Liquid ☐Injection ☐ Capsule/Tablet ☐ Other: _____		Date:

☐**Yes** ☐ **No** ***Child has been educated and is capable of carrying and self-administering this medication.***

Provider's Signature _____ **License No.** _____ **Telephone** _____ **Date** _____

Provider's Name Printed _____

INFORMATION AND INSTRUCTIONS REGARDING
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

1. An "authorized health care provider" (provider) means an individual who is licensed by the State of California to prescribe medication.

2. A Medication Authorization Form must be completed by the student's parent/guardian AND provider for students who require medication (prescribed or over-the-counter) during the school day. Medication(s) may only be accepted with completed medication authorization and supplied in an original, clearly labeled container.

3. Medications are to be supplied by the parent/guardian in an original container (pharmacy bottle or over-the-counter) labeled with the student's name, name of medication, correct dosage, and date.

4. Students receiving medication at school may be assisted by designated school personnel.

5. Make note of the medication expiration date(s). It is the responsibility of the parent/guardian to replace any expired medication(s) during the school year. Expired medication(s) will be disposed of no earlier than 30 days after expiration date.

6. Medication is properly stored in the school office. Exceptions are those situations in which a student requires medication on his/her person for treatment of emergency or unusual medical conditions. Written authorization is required by the parent/guardian and provider in these cases.

7. At the end of the prescribed time period, the parent/guardian is notified to reclaim unused medication.

8. A new Medication Authorization Form must be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

9. Non-prescription (i.e., over-the-counter) medication cannot be given at school unless the above procedures are followed (California Education Code 49423).