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## REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

To be completed by a California Licensed Health Care Provider (MD, DO, PA, NP, DDS, OD)

Student Name (Last, First)			Date of Birth	Gender	Grade
Medication		Dose Route		Time given at school	
	Duration: ☐ 1 Y	∕ear □ short-te	erm		
Diagnosis/Reason		<b>54. 2 3</b>	Date to be discor	ntinued or # of	days to be giver
Licensed Health Care Provider's	Recommendations (C	Check where ap	plicable)		
☐ The medication may have	e adverse side effects (	explain)			
☐ Special instructions and/o	or comments				
The student for whom this medicati	on is prescribed is und	er my care.		Medical Of Requ	
Provider Name & Title	Signature		Date		
Address		Telephone			
Supervising Physician (If applicable)		Furnishing Number			
REQUEST F	FOR MEDICATION T	O BE TAKEN	DURING SCHOOL	L HOURS	
	(To be complet	ted by parent	/guardian)		
I request that my child be assisted in medication and shall deliver it, or his policies and procedures listed on the administration of medication at school in the contract of	ave it delivered, to the s ne reverse side. I give n	school by anoth ny permission fo	ner responsible adult, or the exchange of m	, and agree to t nedical informat	he school
Date Parent Name		arent Signature		Phone Nu	mber
	OFFICE USE	(Do Not Write in Thi	is Box)		
Date Form Received N	Med Received $\bigcirc$ Y $\bigcirc$ N	Quantity	Nurse	Parent	
Date Med Returned P					



## SCHOOL PROCEDURES REGARDING MEDICATION TAKEN DURING SCHOOL HOURS

- 1. Prescription medications must be clearly labeled by a U.S. dispensing pharmacy and contain the following information: (consistent with prescription of authorized licensed health care provider
  - Student's full name
  - Physician's name
  - Dosage, schedule, and route
  - How long medication is to be taken? I year or short term: (Date medication is to be discontinued or number of days medication is to be administered.)
- 2. In addition to a home supply, parent/guardian may request a second labeled bottle from the pharmacy for school use.
- 3. Non-prescription (over the counter) medications that have been authorized by this request may be administered at school only if the medication is provided in the original container.
- 4. Request for Medication to be Taken During School Hours must be renewed annually.
- 5. Parent/Guardian will notify the school nurse or site administrator and provide a new Request for Medication to Be Taken During School Hours when there is a change in the student's medication, health status or authorized health care provider.
- 6. The school administrator or the administrator's designee will assume responsibility for placing the medication in a locked cabinet, storage unit or locked refrigerator.
- 7. The school administrator, the administrator's designee, or school nurse will assume responsibility for returning unused medication to the parent/guardian at the end of the student's school year.
- 8. If medication must be taken while a student is on a field trip, arrangements must be made through the school nurse.
- 9. All injectable medications require special arrangements.
  - a. Injectable medications, such as insulin, used on a regular or as needed basis must be administered by licensed health care providers and require special arrangements.
  - b. Injectable medications, which are to be given on an emergency basis, require special arrangements and training of volunteer school staff by the credentialed school nurse/physician.
- 10. Each medication requires a separate Request for Medication form with written authorization.
- 11. For field trips, medication may be removed from the original container.