SAN BERNARDINO CITY
UNIFIED SCHOOL DISTRICT
Making Hope Happen

Dear Parent/Guardian:

California Education Code 49423 and SBCUSD Board Policy and Administrative Regulation 5141.21 authorizes the School Nurse or other trained designated school personnel to assist your child in taking medication at school when certain requirements are met. The requirements that must be met each school year are:

- *Physician's Request for Medication form signed by the physician and parent which also has the name of the student, medication, dose, time, route and physician's contact information.*
- *The medication must be brought to school by a parent or guardian in the original container with a prescription label.*
- *The same process must be followed for over-the-counter medications to be taken at school.*
- *Students must demonstrate the physical, mental and behavioral capability to safely self-administer medication.*

The parent or guardian must pick-up unused medication at the end of the school year. Any medication not picked up within two weeks of school closure will be discarded based on the recommendations of the local health officer and OSHA guidelines for disposal of hazardous waste.

If your **student will be attending Summer School/ ESY,** ask your school for a copy of the physician order when you pick up your medication. Please take your medication and physician order to the summer school program on the first day. If your student will attend ***July summer school,*** then you must have a new doctor order. This order will be good for July summer school and the rest of the new school year.

Visit the Health Services section of our District website at http://sbcusd.com for more information or contact your school nurse for assistance.

Colleen Williams, Director of Student Wellness & Support Service
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San Bernardino City Unified School District
Health Services

SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS

MIS#_____

School Phone # _____
School Fax # _____

PHYSICIAN INSTRUCTIONS

For SCHOOL ASSISTED MEDICATION

A. This form must be completed before any medication *(prescription or over-the-counter)* can be given, or taken, at school.
Signatures of both physician and parent/guardian are required. This form must be renewed annually or with any change in medication.

Student Name: _____ **Date of Birth:** _____

PHYSICIAN USE ONLY

1. MEDICATION: ____ **Dose:** _____ **Reason/Diagnosis:** _____

Route: ☐ Oral ☐ Nasal ☐ Topical ☐ Inhale ☐ Injection ☐ Other ____ **Med Start Date:** ____ **Stop Date:** _____

☐ **If DAILY ~ Time(s) to be given:** _____

☐ **If AS NEEDED (prn) ~ Frequency:** ☐ **Every 3 to 4 hrs.,** ☐ **Every 4 to 6 hrs.,** ☐ **Other :** _____

☐ ***Self carry – for asthma inhaler or epinephrine auto-injectors ONLY. Student demonstrates competence. (Meet with School Nurse.)**

Other instructions if needed (e.g., signs/symptoms for usage, special storage, adverse reactions): _____

2. MEDICATION: _____ **Dose:** _____ **Reason/Diagnosis:** _____

Route: ☐ Oral ☐ Nasal ☐ Topical ☐ Inhale ☐ Injection ☐ Other ____ **Med Start Date:** ____ **Stop Date:** _____

☐ **If DAILY ~ Time(s) to be given:** _____

☐ **If AS NEEDED (prn) ~ Frequency:** ☐ **Every 3 to 4 hrs.,** ☐ **Every 4 to 6 hrs.,** ☐ **Other :** _____

☐ ***Self carry – for asthma inhaler or epinephrine auto-injectors ONLY. Student demonstrates competence. (Meet with School Nurse.)**

Other instructions if needed (e.g., signs/symptoms for usage, special storage, adverse reactions): _____

Physician Signature: _____ ***Date:*** _____

Physician Name: _____

Address: _____ **Phone:** _____

City: _____ **Zip:** _____

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year.

California Education Code section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (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 pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

* California Education Code section 49423 (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.

Parent Request
For Assistance with Medication at School

B. The parent or guardian must complete this page before any medication *(prescription or over-the-counter)* can be given, or taken, at school. ***Signature of parent or guardian is required. This form must be renewed each school year or with any change in medication.***

Student Name: _____ **Date of Birth:** _____

Parent Request for School Assistance with Medication

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student (with the exception of asthma inhalers and epinephrine auto-injectors accompanied by appropriate physician instructions).

A. I hereby request that the staff of my child's school assist in giving medication to my child during school hours as stated in the physician instructions. I also give permission to contact the physician for consultation and exchange of information as needed.

Parent or Guardian Signature: _____ ***Date:*** ____ **Phone Number:** _____

B. For ASTHMA INHALER/EPINEPHRINE AUTO-INJECTOR SELF-CARRY requests only: I hereby request that my student carry and self-administer his/her asthma inhaler or auto-injector. I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication. * I also give permission to contact the physician for consultation and exchange of information as needed. I understand that all elementary students and parents must meet with the school nurse.

Parent or Guardian Signature: _____ ***Date:*** ____ **Phone Number:** _____

Student Contract – Asthma Inhalers Only

I agree to keep my medication in a safe and secure place, such as on my person, at all times. I agree I will NEVER share my medication with another student. If I am using my inhaler more than once a day, or several times a week, I will speak with the school nurse.

Student Signature: _____ ***Date:*** _____

Parent Signature: _____ ***Date:*** _____

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year.

* California Education Code section 49423 (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.