RIVERSIDE UNIFIED SCHOOL DISTRICT
HEALTH SERVICES

DATE:

NOTE: THIS AUTHORIZATION FOR ADMINISTRATION OF MEDICATION
HAS BEEN APPROVED BY ALL SCHOOLS IN RIVERSIDE COUNTY

Name of Student	Birth date	Grade	School Phone # Fax #

EDUCATION CODE AUTHORIZATION
EDUCATION CODE 49423.6

Any pupil who is required to take medication, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designed 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/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

I understand my signature authorizes permission to contact the physician for clarification. The Health care provider must authorize in writing any changes in dosage or time. Riverside Unified School District can not accept or act on parent/guardian request for change or modification

_____ _____ _____ _____
Parent/Guardian Signature Home Phone Work Phone Date

PHYSICIAN AUTHORIZATION

Name of Medicine	Health Condition for which medicine RX
PRN Medications • Symptoms _____ • Frequency _____ • Indications for Medical Evaluation _____ _____ –	Time(s) to be taken: Dosage
Method of Administration	Precaution – Possible reactions
Date to be Discontinued	Physician's Telephone Number
Name of Physician (Please Print)	Physician's Signature Date

Please return this form to your child's school health office signed by the physician and the parent or guardian.

NO MEDICATION WILL BE ADMINISTERED WITHOUT THESE REQUIRED SIGNATURES
PLEASE SEE RESPONSIBILITIES ON REVERSE SIDE

ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

A. GENERAL POLICY

1. No student shall be given medication during school hours except upon written request from a California licensed physician/healthcare provider who has the responsibility for the medical management of the student. The parent or guardian must sign all such requests.

2. A new form is required for each prescription change and at the beginning of each school year.

B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

1. Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the
necessity for taking medications at school will be minimized or eliminated.

2. Parents/guardians will assume full responsibility for the supply and transportation of all medications. (Medication/s will be brought to school by a person 18 years or older).

3. Parents/guardians may administer medication to their child on a scheduled basis arranged with the school. Students are not permitted to carry prescribed or over-the-counter medication on a school campus unless a request for Self Administration is on file in the Health Office.

4. 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 of school will be discarded.

C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT OR GUARDIAN

1. A request form for prescribed medication must be completed by an authorized Health Care Professional licensed by the State of California to prescribe medication, signed by the parent or guardian, and filed with the school administrator or his designated representative.

2. The container must be clearly labeled by the pharmacy with the following information:

   a. Student's Name
   b. Physician's Name
   c. Name of Medication
   d. Dosage, Schedule (specific to school) and dose form
   e. Date of Expiration of Prescription

   Each medication is to be in a separate pharmacy container prescribed for the student by an authorized Health Care Professional licensed by the State of California to prescribe medication.

D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. Medication (pills or tablets) will be counted by the school administrator or designee and parent/ guardian and the total will be documented on the Medication Administration Log.

2. The school administrator / designee will assume responsibility for placing medications in a locked cabinet.

3. Students will be assisted with taking medications according to the prescribed instructions and the procedure observed by the school staff member.

4. Document all medication administered on "Student Medication Log".