



YREKA UNION SCHOOL DISTRICT

309 Jackson Street, Yreka, CA 96097

P: 530.842.1168 • F: 530.842.4576

Jami Carver, Superintendent

School Medication Authorization Form

Name of Student: _____ Date of Birth: _____

School: _____ Phone: _____ FAX: _____

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. This service is provided to enable the student to remain in school or maintain or improve the potential for education and learning.

Medication must be in the container in which it was purchased with a pharmacy label attached. No medication (including over-the-counter medication and supplements) will be given at school without a current prescription from a California licensed physician (M.D., D.O.), Dentist, Nurse Practitioner (NP, FNP, PNP, APRN/PP), or Certified Physician's Assistant.

Health Care Provider's Order (To be completed by health care provider) Only one medication per form.

Name of medication/strength of tablet, capsule or liquid: _____

Dosage: _____ How Often: _____

Time to be given at school: _____ Route to be given: _____

Reason for Medication/Diagnosis: _____

Possible Side Effects: _____

Student's medication allergies: _____

___ Student has been instructed by physician in self-administration and may carry inhaler with them

___ Student has been instructed by physician in self-administration and may carry epi-pen with them

___ This medication may be given in the morning at school if not given at home. Verify with Parent first.

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

Date

NPI #

To Be Completed By Parent Before Giving Form to Doctor

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 policies 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

Home/Cell Phone

Emergency Phone

Medication Procedure

Dear Parents:

In the event your child needs to take medication at school, whether for a long term or a brief period, the following procedures must be taken:

1. The attached "School Medication Authorization Form" must be completed by both the physician and the parent before the medication can be given. Additional forms are kept in the school office.
2. Students may carry their inhalers and epinephrine auto-injectors with permission from their health care provider and a parent or guardian. The space on the front of this form must be checked. All other medication is to be kept in a secure place in the school office. Medication will be given by trained school staff only.
3. All medication must be in the prescription bottle or the original labeled container if it is not a prescription drug.
4. All medication orders must be renewed by the physician and parents at least annually.
5. If there is any change in medication or dosage, a new form must be completed and brought to school.
6. You must notify us in writing when the medication is to be discontinued.

If you have any questions, please feel free to call your child's school at one of the numbers below:

- ☎ Gold Street: (530) 842-1002
- ☎ Evergreen: (530) 842-4912
- ☎ Jackson Street: (530) 842-3561

Sincerely,



Jami Carver, Superintendent