Ana Hernandez BSN, RN, PHN, CSN (DHS)
Tel. (661) 720-4128 Fax (661) 720-4219
Gabrielle Acuna MSN, BSN, RN (RFK)
Tel. (661) 720-5296 Fax (661) 721-0833
Marisol Espinoza MSN, RN, PHN (CCHS)
Tel. (661) 720-4456 Fax (661) 725-8689
1720 Norwalk St.-Delano, CA 93215

AUTHORIZATION FOR ANY MEDICATION TAKEN DURING SCHOOL HOURS

School Year: 2025-2026

Part 1: To be completed by Parent or Legal Guardian

Note: All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, and name of Physician.

I request that designated school personnel assist my child in taking this prescribed medication (including prescibed over-the-counter medication. I understand that my child may not have nor take medication at school unless all requirements are met. I hereby give consent for a School Nurse or District Administrator to communicate with my child's Physician and school personnel as needed with regard to this medication.

Child's Name		Birthdate		ID#
Name of School	Grade		Teacher	Room #

I have read and understand the "Notice of Provisions" printed below. I will immediately notify the school if there are any changes in medications my child is taking at school.

Date	Parent/Guardian Signature	Home #	Work #	Emergency #

Please review the **"Notice of Provision" California Education Code (CEC) Sections 49423, 49480** and **California Administrative Code (CAC) Title 5, 18170**, listed below.

California Education Code, Section 49423 – Administration of prescribed medication for pupil

Notwithstanding the provisions of Section 49422, 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 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 matters set forth in the physician's statement.

California Education Code, Section 49480 – Continuing medication regimen for non-episodic condition; required notice to school employees.

The parent or legal guardian of any public school pupil on a continuing medication regimen for a non-episodic condition shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervision physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.

California Administrative Code Title 5, 18170 – the agency shall follow these provision pertaining to medication.

1. An assigned staff member shall administer medications prescribed by a physician for a child provided written parental consent has been given.
2. Record of medication dosages to the child and date and time medication is administered shall be maintained by the facility.
3. Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for health supervision. Each container shall carry the name of the medication, the name of the person for whom prescribed, the name of the prescribing physician and the physician's instructions. All centrally stored medications shall be labeled and maintained in compliance with State and Federal laws. Each person's medication shall be stored in its originally received container.
4. All mediations shall be centrally stored in an area which is totally inaccessible to children.

**** Procedures under the Individualized Education Program (IEP), Individualized Health Program (IHP) or 504 Plan should not be addressed on this form. Please request form for Specialized Physical Health Care Services pursuant to California Education Code Section 49423.5.**

(See reverse)

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Part 2: To be completed by the Physician

The child named below is under my care. It is necessary for him or her to receive the following medication during school hours.

Name of Child (Print): _____

Diagnosis for which medication is prescribed: _____

Name of medication (one medication per form): _____

Dosage (Be specific, i.e., milligrams, etc.): _____

Time of day to be given: _____ **Frequency if 'as needed':** _____

If 'as needed' described indications and sequence orders:

_____

Method of administration: **ORAL** ☐ Liquid ☐ Tablet ☐ Inhaler **DROPS** ☐ Eye R L ☐ Nostrils R L
Topical ☐ **Other** ☐ _____

Precautions, reactions, or side effects: _____

For Severe Allergy: *If the following symptoms occur (check appropriate):*

☐ Choking ☐ Hives ☐ Skin Rash ☐ Swelling (eyes and lips) ☐ Breathing difficulty

☐ Loss of consciousness ☐ Other: _____

Use: (circle one) Epi-pen Jr. or Epi-pen

☐ Transport student to nearest emergency room

Storage and Handling ☐ Routine handling, medications in locked storage and administered by authorized school personnel.

☐ 72 hour disaster supply only ☐ Refrigeration

If Medically Necessary ☐ Child to carry, school personnel to administer ☐ Child trained to carry and self-administer (medicate)

Additional special instructions/interventions _____

_____

_____ _____ _____
Physician (printed Name) **Date** **Signature**

_____ _____ _____
Office Address **Office Phone** **Office Fax**

***** SCHOOL STAFF: Notify school nurse or district administer if allergy or asthma is indicated under diagnosis.**