Lake Tahoe Unified School District

PARENT NOTIFICATION FOR THE
ADMINISTRATION OF MEDICINE AT SCHOOL

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent(s) and family physician. Medications, both prescription and over the counter, are rarely given at school; the only exceptions involve special or serious problems where it is deemed absolutely necessary by the physician that the medication be given during school hours. **The parent is urged, with the help of your child's physician, to work out a schedule of giving medication at home, outside school hours whenever possible.**

California Education Code, Section 49423 allows school personnel to assist in carrying out a physician's recommendations. Designated non-medical school personnel may be administering your child's medication. They will be trained and supervised by qualified School Nurses. Medication will be safely stored and locked, or refrigerated if required.

Emergency medicines such as Epinephrine Auto Injectors or inhalers may be carried by the student when authorized by the physician, parent, and school nurse. A second EpiPen or inhaler may be kept at school for emergency use. Students who have a serious medical condition (diabetes, epilepsy, etc.), should have an emergency supply of their prescription medication at school with the appropriate consent forms in case of disaster.

IF MEDICATION IS TO BE ADMINISTERED AT SCHOOL, ALL OF THE FOLLOWING CONDITIONS MUST BE MET:

1. **A written statement signed by the licensed physician/dentist** specifying the condition for which the medication is to be given, the name, dosage, time, route, side effects, and specific instructions for emergency treatment must be on file at school.
2. **A signed request from the parent/guardian must be on file at school.**
3. Medication must be **delivered to the school by the parent/guardian** or other responsible adult.
4. Medication must be in your child=s original, **labeled pharmacy container written in English.**
5. All **liquid medication** must be accompanied by an **appropriate measuring device.**
6. Any tablets requiring partial doses (1/2 or 1/4) **must be cut at home/pharmacy.**
7. **A separate form is required for each medication.**

NOTE: Please discuss your physician=s instructions with your child, so that he/she is aware of the time medication is due at school.

This request is valid for the current school year. Whenever there is a change in medication, dose, time, route or prescribing physician, the parent(s) and physician must complete a new form.