



Health Services

Medication Authorization Form

Valid for Current School Year Only

Student Name: _____ DOB: _____ Grade: _____ School: _____

Parent / Guardian Authorization

I request that designated school personnel assist my child in taking the medication described below during the school day as prescribed by a California licensed healthcare provider. I understand medication must be provided in the original labeled container and that new written authorization is required each school year and whenever there is a change in medication, dosage, or schedule. I authorize communication between school personnel and the healthcare provider as necessary.

Signature of parent/guardian is required.

Parent/Guardian Signature: _____ Date: _____

Healthcare Provider Authorization (Required)

<p>Medication #1</p> <p>Medication: _____</p> <p>Diagnosis/Reason: _____</p> <p>Dose: _____</p> <p>Route: <input type="checkbox"/> Oral <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> Topical</p> <p><input type="checkbox"/> Nasal <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Daily - Time(s): _____</p> <p><input type="checkbox"/> PRN - Frequency: _____</p> <p>Special Instructions: _____</p> <p>_____</p> <p>Side Effects: _____</p> <p>Start Date: _____ Stop Date: _____</p> <p>Self-Carry (Asthma/Epi): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medication #2 (if needed)</p> <p>Medication: _____</p> <p>Diagnosis/Reason: _____</p> <p>Dose: _____</p> <p>Route: <input type="checkbox"/> Oral <input type="checkbox"/> Inhaled <input type="checkbox"/> Injection <input type="checkbox"/> Topical <input type="checkbox"/> Nasal</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Daily - Time(s): _____</p> <p><input type="checkbox"/> PRN - Frequency: _____</p> <p>Special Instructions: _____</p> <p>_____</p> <p>Side Effects: _____</p> <p>Start Date: _____ Stop Date: _____</p> <p>Self-Carry (Asthma/Epi): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year.

Provider Name (Print): _____ Signature: _____ Date: _____

Address: _____ Phone: _____

California Education Code §49423 provides that any pupil who is required to take, during the regular school day, medication prescribed by a physician may be assisted by the school nurse or other designated school personnel if the district receives (1) a written statement from the physician detailing the method, amount, and time schedule by which the 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. Pursuant to Education Code §49423.6, pupils may carry and self-administer inhaled asthma medication or auto-injectable epinephrine when authorized.

CJUSD RN Verified: _____ Date: _____



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Asthma/Epinephrine Delivery System Self-Carry Requests

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 delivery systems accompanied by appropriate physician instructions).

- **For ASTHMA INHALER/EPINEPHRINE DELIVERY SYSTEM SELF-CARRY requests only:** I hereby request that my student carry and self-administer his/her asthma inhaler or epinephrine delivery system. 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.

Student Responsibilities:

- Student is able to identify the correct name and dosage of medication.
- Student is able to demonstrate where to locate expiration date of medication and number of remaining doses on inhaler.
- Student is able to describe symptoms for use of medication.
- Student is able to demonstrate proper techniques for self-administration of medication.
- Student verbalizes the understanding and agrees that their medication is for their use only and should never be shared.
- Student agrees to resume responsibility to keep medication with them at all times.
- For asthma: Student agrees that after two puffs, if there is no marked improvement, he/she will immediately have someone notify the health office for assistance. Student agrees that he/she will not go to the health office alone during an asthma attack.
- For epinephrine delivery systems: If student self-administers their epinephrine delivery system, he/she will immediately have someone notify the health office staff.
- It is advisable that a spare inhaler or epinephrine delivery system be kept in the health office.

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

With the parent or guardian signature to allow his or her child to self-administer either inhaled asthma medication or an epinephrine delivery system at school, the district and school personnel are released from all civil liability as a result of any complications that may arise.

Student Contract – Asthma Inhalers/Epinephrine Delivery Systems 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. If I self-administer my epinephrine delivery system I will immediately have someone notify staff or the health office. I have read and agree to the above Student Responsibilities and have had the opportunity to ask questions.

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

* 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 epinephrine delivery system in a manner other than as prescribed.

CJUSD RN Verified: _____ Date: _____