

## AUTHORIZATION FOR ANY MEDICATION TAKEN DURING SCHOOL HOURS

Valid only for the current school year or as designated in the Individual Education Program (IEP) or in the 504 Plan.

**Exception:** California Education Code 49423.5, specialized services, i.e., EpiPen, nebulizer, glucagon, insulin, diabetes care, etc., may require additional forms and instructions signed by parent or legal guardian and physician. Request Specialized Services forms from school.

PARENT OR LEGAL GUARDIAN

### 1. Parent or Legal Guardian Section

**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, time schedule and name of physician. Please refer to Legal References Governing the Administration of Medication in Schools on the reverse side of this form.

I request that designated unlicensed, trained school staff or licensed nurse assist my child in taking this prescribed medication (including prescribed over-the-counter medication). I understand that my child may not be assisted with medication at school until all requirements are met. I hereby give consent for a school nurse (or designee) to communicate with my child's prescriber and to counsel school personnel as needed with regard to my child's health. I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this medication. I agree to comply with district rules related to administering medication at school.

Name of Child	<input type="checkbox"/> M <input type="checkbox"/> F Sex	Birth Date	Student Identification Number
Name of School		Grade	Teacher/Room Number

List all medications routinely taken outside of school hours: \_\_\_\_\_  
 I will immediately notify the school if there are any changes in medications my child is taking at school.

Signature of Parent or Legal Guardian	Date	Home/Mobile Telephone	Work Telephone
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PHYSICIAN

### 2. Physician Section

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

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 give \_\_\_\_\_ Frequency and Indication if "as needed" \_\_\_\_\_

If "as needed" describe indications and sequence orders \_\_\_\_\_

Method of administration	ORAL	<input type="checkbox"/> Liquid	<input type="checkbox"/> Tablet	<input type="checkbox"/> Inhaler
	DROPS	<input type="checkbox"/> Eye, <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Ear, <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Nostril, <input type="checkbox"/> R <input type="checkbox"/> L
	OTHER	<input type="checkbox"/> Topical,	<input type="checkbox"/> other _____	

Precautions or side effects \_\_\_\_\_

Storage and handling	<input type="checkbox"/> Routine handling, medication in locked storage and administered by authorized school personnel <input type="checkbox"/> On-site 72 hour disaster supply only <input type="checkbox"/> It is <i>Medical Necessity</i> for child <u>to carry</u> prescription for asthma, anaphylactic shock or diabetes, and indicate: <input type="checkbox"/> Designated school personnel to administer <input type="checkbox"/> Child trained to self-administer
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Additional special instructions \_\_\_\_\_

Signature of Physician	Date
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Name of Physician (please print)	License Number	Office telephone
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Stamp physician name/address below:

## AUTORIZACIÓN PARA CUALQUIER MEDICAMENTO TOMADO DURANTE HORAS ESCOLARES

Valida únicamente durante el año escolar o como indicado en el Programa Educativo Individualizado (IEP/PEI) para los alumnos de la Educación Especial.

EXCEPCIÓN: Código Educativo de California 49423.5 - Puede que para los servicios especializados tales como "EpiPen", "AnaKit", glucagón, nebulizador, etc., sean necesarios unos formularios e instrucciones adicionales firmados por los padres o un guardián legal más un médico. Usted puede pedir los Formularios para servicios especializados de la escuela.

Favor de repasar el 'Aviso Sobre las Estipulaciones' Código Educativo de California (CEC) Artículos 49423, 49423.5, 49480 y el Código Administrativo de California (CAC) Título 5,18170, que se halla impreso al otro lado de este formulario.

**PADRE, MADRE O GUARDIÁN LEGAL**

### 1. Debe completar esta parte el Padre, la Madre o el Guardián Legal

AVISO: Todos los medicamentos tienen que venir acompañado, con receta, incluso los medicamentos que se pueden comprar sin receta. Los medicamentos deben estar en su recipiente/frasco original y la etiqueta debe llevar el nombre del niño/a, el nombre del medicamento, el dosis, la forma de administración, el horario de tomar medicinas y el nombre del médico.

Solicito que miembros del personal escolar designados asistien a mi hijo/a a tomar este medicamento recetado (a incluir medicamentos recetados del tipo que normalmente no requieren receta.) Consiento en y por este médico deo a salvo al Distrito y sus empleados de cualquier y todas las reclamaciones, demandas, causas de acción, responsabilidad o pérdida de cualquier tipo debido o como resultado de actos u omisiones con respeto a este medicamento. Entiendo que mi hijo/a no puede ni tener ni tomar medicamentos en la escuela si no se llenen todos los requisitos. Por este medio otorgo mi consentimiento a que se le comunique a un/una enfermero/a escolar con el médico de mi hijo/a, y a que se le aconseje al personal escolar tocante a este medicamento como sea necesario.

Nombre del Niño/a \_\_\_\_\_  M  F \_\_\_\_\_  
 Sexo Fecha de Nacimiento Núm. de Identificación Estudiantil

Nombre de la Escuela \_\_\_\_\_ Grado \_\_\_\_\_ Maestro/a / No. de Salón de Clase \_\_\_\_\_

Apunte todos los medicamentos que se tomen con regularidad fuera de las horas escolares \_\_\_\_\_

He leído y entiendo el "Aviso Sobre las Disposiciones" que se halla impreso al otro lado de este formulario tocante la "Autorización Para Cualquier Medicamento Tomado Durante Horas Escolares," y avisaré a la escuela inmediatamente si hay cambios de cualquier tipo en los medicamentos que mi hijo/a toma en la escuela.

Firma del Padre o el Guardián Legal \_\_\_\_\_ Fecha \_\_\_\_\_ Teléfono del Hogar / Celular \_\_\_\_\_ Teléfono de Trabajo \_\_\_\_\_

**PHYSICIAN**

### 2. Physician Section

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

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 give \_\_\_\_\_ Frequency and Indication if "as needed" \_\_\_\_\_

If "as needed" describe indications and sequence orders \_\_\_\_\_

Method of administration ORAL  Liquid  Tablet  Inhaler  
 DROPS  Eye,  R  L  Ear,  R  L  Nostril,  R  L  
 OTHER  Topical,  other \_\_\_\_\_

Precautions or side effects \_\_\_\_\_

Storage and handling  Routine handling, medication in locked storage and administered by authorized school personnel  
 On-site 72 hour disaster supply only  
 It is *Medical Necessity* for child to carry prescription for asthma, anaphylactic shock or diabetes, and indicate:  
 Designated school personnel to administer  
 Child trained to self-administer

Additional special instructions \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician (please print) License Number Office telephone \_\_\_\_\_

Stamp physician name/address below:

## LEGAL REFERENCES GOVERNING THE ADMINISTRATION OF MEDICATION IN SCHOOLS

### California Education Code, section 49423.

(a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon or ordered for him or her by a physician assistant practicing in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon or physician assistant.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to this paragraph.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses auto-injectable epinephrine in a manner other than as prescribed.

### California Education Code, section 49423.1.

(a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician or surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician or surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses inhaled asthma medication in a manner other than as prescribed.

### California Education Code, section 49423.5.

(a) Notwithstanding Section 49422, an individual with exceptional needs who requires specialized physical health care services, during the regular schoolday, may be assisted by any of the following individuals:

(1) Qualified persons who possess an appropriate credential issued pursuant to Section 44267 or 44267.5, or hold a valid certificate of public health nursing issued by the Board of Registered Nursing.

(2) Qualified designated school personnel trained in the administration of specialized physical health care if they perform those services under the supervision, as defined by Section 3051.12 of Title 5 of the California Code of Regulations, of a credentialed school nurse, public health nurse, or licensed physician and surgeon and the services are determined by the credentialed school nurse or licensed physician and surgeon, in consultation with the physician treating the pupil, to be all of the following:

(A) Routine for the pupil.

(B) Pose little potential harm for the pupil.

(C) Performed with predictable outcomes, as defined in the individualized education program of the pupil.

(D) Do not require a nursing assessment, interpretation, or decisionmaking by the designated school personnel.

(b) Specialized health care or other services that require medically related training shall be provided pursuant to the procedures prescribed by Section 49423.

(c) Persons providing specialized physical health care services shall also demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.

(d) "Specialized physical health care services," as used in this section, includes catheterization, gastric tube feeding, suctioning, or other services that require medically related training.

(e) Regulations necessary to implement this section shall be developed jointly by the State Department of Education and the State Department of Health Care Services, and adopted by the state board.

(f) This section does not diminish or weaken any federal requirement for serving individuals with exceptional needs under the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), and its implementing regulations, and under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) and its implementing regulations.

(g) This section does not affect current state law or regulation regarding medication administration.

(h) It is the intent of the Legislature that this section not cause individuals with exceptional needs to be placed at schoolsites other than those they would attend but for their needs for specialized physical health care services.