

PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR MEDICATION Disaster Medication Orders- to be used in Emergencies only

Name of Student:	ICATION al school personnel to d to enable the student to re provider written t written orders under rm if there are changes der. I give permission rovider. The school ed by an authorized I release the district
PRESCRIPTION AND NONPRESCRIPTION California Education Code Section, 49423 allows the school nurse or other designated non-medica assist students who are required to take medication during the school day. This service is provider remain in school and to maintain, or improve his/her potential for education and learning. I request that medication be administered to my child in accordance with our authorized health car instructions. I understand that designated non-medical school personnel may assist in carrying ou supervision of a qualified School Nurse. I will notify the school immediately and submit a new for in medication, dosage, time of administration, and/or the prescribing authorized health care provide for the school nurse to exchange medication-related information with the authorized health care provide for the school nurse to exchange medication related information with the authorized health care provide appropriate school personnel regarding the medication and its possible effects Emergency medicine such as EpiPen or inhalers may be carried by the student when recommende health care provider and parent. Back-up medication should be kept at school for emergency use and school personnel from civil liability if my child suffers an adverse reaction as a result of self-medication. Parent/Guardian Signature:	al school personnel to I to enable the student to re provider written t written orders under rm if there are changes der. I give permission rovider. The school ed by an authorized I release the district
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Reason for Medication:	
Reason for Medication:	MEDICATION Reas
	MEDICATION
	°ime:
If PRN: Amount of time between doses Maximum number of doses	per day.
Possible medication reactions:	
Instructions for emergency care	
Authorized Health Care Provider Signature:	
Authorized Health Care Provider Name (print clearly):	
Provider NPI #	
Felephone	
Date of Request:	
Date to Discontinue Medication:	Office Stamp
Regarding EpiPen/Inhalers: It is my professional opinion that this student should be permitted to emergency Inhaler/EpiPen. This student has been instructed in, and demonstrates an understanding	Office Stamp

Health Care Provider Initials _____



PARENT NOTIFICATION FOR THE ADMINISTRATION OF MEDICINE AT SCHOOL Disaster Medication Orders- to be used in Emergencies only

Name of Student: _____

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent/guardian and an authorized health care provider. An authorized health care provider is an individual who is licensed by the State of California to prescribe medication. **Medications, both prescription and over the counter**, may be given at school when it is deemed absolutely necessary by the authorized health care provider that the medication be given during school hours. **The parent/guardian is urged, with the help of your child's authorized health care provider, to work out a schedule of giving medication at home whenever possible.**

California Education Code, Section 49423 allows school personnel to assist in carrying out an authorized health care providers written orders. Designated non-medical school personnel may be assisting with your child's medication. They will be trained and supervised by credentialed school nurses. Medication will be safely stored and locked or refrigerated, if required.

Emergency medicine such as EpiPens or inhalers may be carried by the student **when recommended by a authorized health care provider and parent**. When appropriate, the school nurse will evaluate the student's ability to safely self-administer the medication based on written district guidelines. (Title 5). Back up medication should 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 the event of a disaster.

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

- 1. <u>A written statement signed by the licensed authorized health care provider/dentist</u> specifying the reason for the medication, the name, dosage, time, route, side effect; and specific instructions for emergency treatment must be on file at school.
- 2. <u>A signed request from the parent/guardian must be on file at school</u>.
- 3. Medication must be <u>delivered to the school by the parent/guardian</u> or other responsible adult.
- 4. Medication must be in your child's original, <u>labeled pharmacy container written in English</u>.
- 5. All liquid medication must be accompanied by an <u>appropriate measuring device</u>.
- 6. If pill splitting is required to obtain the correct dose of medication to be administered, only pills that are scored may be split, scored pills may be split in half only, and a commercial pill splitting device should be used for correct splitting.
- 7. Over the counter medication that has been prescribed by an authorized health care provider must be in its original container.
- 8. A separate form is required for each medication.

NOTE: <u>Whenever there is a change in medication, dosage, time, or route the parent/guardian and authorized</u> <u>health care provider must complete a new form</u>. Please discuss your authorized health care provider's instructions with your child, so that he/she is aware of the time medication is due at school.