

**Orange Unified School District**  
**PARENT AND PHYSICIAN REQUEST FOR MEDICATION**

Name of Pupil \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

**PARENT REQUEST FOR ADMINISTRATION OF MEDICATION (Prescription and Non-Prescription)**

California Education Code 49423 and School District policy permits the administration of medication by designated school personnel. This service is provided when medication: 1) Is required during the school day, 2) Enables a child to remain in school, 3) Assists in maintaining or improving a child's potential for learning.

I request that medication be administered to my child, \_\_\_\_\_, in accordance with our physician's written instructions. This includes my agreement/understanding that: 1) Designated school personnel will administer medication under supervision of a qualified School Nurse; 2) The school will be notified immediately of all changes in medication, dosage, time of administration, and/or the prescribing physician; 3) Permission is granted for the physician to be contacted when needed to clarify instructions; and 4) Information on other side has been reviewed by me.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION (Prescription and Non-Prescription)**

Diagnosis/Reason for Medication: \_\_\_\_\_

Medication\* \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Medication\* \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

\* If given PRN, specify time between doses \_\_\_\_\_ Maximum # of doses per day \_\_\_\_\_

Possible serious reactions \_\_\_\_\_

**For Epi-Pen and Albuterol Inhalers only: Student  May or  May not carry on person.**

Disposition of pupil following administration of medication (i.e. rest, home, doctor's office, hospital, return to class): \_\_\_\_\_

Date to Start Medication at School \_\_\_\_\_ Date to Discontinue Medication at School \_\_\_\_\_

The above medication cannot be scheduled for other than during school hours and may be administered by designated, non-medical school personnel under supervision of a qualified School Nurse.

Physician Signature \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Date of Authorization \_\_\_\_\_ Telephone \_\_\_\_\_

Physician Fax # \_\_\_\_\_

**Please Validate with Office Stamp**

Medication procedure and written physician/parent authorization have been verified by the School Nurse.

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT NOTIFICATION ABOUT ADMINISTRATION OF MEDICATION AT SCHOOL**

1. Medication at school is limited to those pupils who require medicine during the school day for treatment of a specific health problem. Whenever possible, parents are urged to arrange with the physician, a schedule for giving medication at home, outside school hours.
2. All medication (prescription and non-prescription/over the counter) requires written authorization from the physician and parent. The medication form (see other side) is titled: "Parent and Physician Request for Medication" and is preferred for all medication orders. When medication is prescribed/needed and there is no available medication form, the doctor may submit the necessary authorization on a prescription order or office note, and the parent may submit authorization on a personal note. Physician and/or parent authorization may also be sent by Fax. When requested for students attending School Age Care, copies of the forms will be made and given to program personnel.
3. Some students require medication only as needed i.e.: prescription (such as inhaler for asthma relief, etc.) –and/or- non-prescription/over the counter (such as Tylenol for headache, Midol for menstrual cramps, cold tablets/throat lozenges for symptom relief, etc.). To prepare for this, parents may obtain written physician authorization in advance for each school year.
4. Medications are to be supplied by the parent in the pharmacy bottle or original container labeled with the pupil's name, name of medication, and correct dosage. Liquid medicine must have an appropriate measuring device. If requested, the pharmacist will supply a second container for prescription medications given a school.
5. Medication is stored at the Health Office in a locked cupboard or under refrigeration if required. Exceptions are those situations in which a pupil requires medication on his/her person for treatment of emergency or unusual medical condition. A "Medication Contract" is complete for such pupils to carry with the medication.
6. School Nurses serve several schools; therefore, medication is most often administered by designated, non-medical school personnel who are trained and supervised by a qualified School Nurse.
7. At the end of a prescribed/authorized time period, parents are notified to take home any unused medication. Ten days after notification, unclaimed medications are discarded in a safe manner.
8. Medications which continue into a new school year require new, written, authorization by parent and physician. A new authorization is also required when there is a change in medication, dosage, or time schedule.
9. Medication that is unauthorized or not in the appropriate container is retained in the Health Office until parents have been notified about the procedures for medication at school.

<b>FOR SCHOOL USE ONLY</b>		<b>Amount Received (Count with Parent or Another Adult)</b>	<b>Signature of Person Bringing Medication *</b>	<b>Signature of School Employee Receiving Medication</b>
<b>Date</b>	<b>Medication</b>			
* If not brought in by parent, verify receipt and amount with parent by telephone.				