

Chino Valley Unified School District

13461 Ramona Ave., Chino, CA 91710

Phone: (909) 628-1201 Ext. 8918

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Parent and Physician/HCP Request for the Administration of Medication

Student: _____ DOB: _____ Grade: _____

Address: _____ Home Telephone: _____

School Site: _____ School Fax: (909) _____ Attn: Health Office

PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION

California Education Code Section, 49423 allows the school nurse or other designated non-medical school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to 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 care provider's written instructions. I understand that designated non-medical school personnel may assist in carrying out written orders under supervision of a qualified school nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing authorized health care provider. I give permission for the school nurse to exchange medication-related information with the authorized health care provider. The school nurse may counsel appropriate school personnel regarding the medication and its possible effects. The fact that this is a service or accommodation is recognized by all parties signing this form, and in so signing, agree to hold the District, its employees, or agents harmless from all liability, suits, or claims of whatever nature or kind that might arise out of these arrangements.

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN/HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION

1. Medication _____ Concentration _____ Dx/Reason for Medication _____

May Substitute Generic ☐ Yes ☐ No Medication orders must be renewed annually – Education Code 49423

Dose _____ Route _____ Frequency _____ ☐ Daily ☐ As needed

for symptoms of _____ May repeat in _____

Notify physician/HCP for the following side effects: _____

Disposition of pupil following administration of medication: _____

2. Medication _____ Concentration _____ Dx/Reason for Medication _____

May Substitute Generic ☐ Yes ☐ No Medication orders must be renewed annually – Education Code 49423

Dose _____ Route _____ Frequency _____ ☐ Daily ☐ As needed

for symptoms of _____ May repeat in _____

Notify physician/HCP for the following side effects: _____

Disposition of pupil following administration of medication: _____

The student is trained to use asthma inhaler/emergency Epinephrine and student may self-administer on campus:

☐ Yes ☐ No Parent Signature _____ Yes ☐ No ☐ Physician/HCP Signature _____

Physician's/HCP Name (Printed) _____

Physician/HCP Signature _____

NPI # _____

Date _____

Address _____

Telephone _____

Fax _____

Physician/HCP Office Stamp

FOR SCHOOL USE ONLY:

Date	Medication/Supplies Exp Date	Amount Rec'd (count together)	Signature of Parent/Guardian	Signature of Receiver

Medication procedures, parent authorization, and physician's HCP order(s) for medication(s) have been verified by the School Nurse or Principal.

*If not brought in by parent, verify receipt and amount with parent by telephone

ADMINISTRATION OF MEDICATION AT SCHOOL DURING SCHOOL HOURS

The following regulations and procedures will be followed when it is necessary for students to take medication at school:

1. A School Nurse, or any other school personnel, may not dispense any medication, whether prescription or over the counter, to a student without a licensed Health Care Provider order.
2. Any FDA approved prescription and over the counter medication may be administered at school when ordered by a Health Care Provider licensed by the State of California and accompanied by the appropriate written statement from the parent or guardian. A parent/guardian or designated adult must drop off medication at school.
3. Medication shall be administered by the School Nurse, trained principal, or trained designee.
4. Medications are to be supplied by the parent/guardian in the original pharmacy prescription bottle or original container labeled with the student's name, the amount of dosage (must include mg(s). or number of puffs), and time of administration (include when to repeat, frequency/in how many hours needed (PRN) or daily (QD) at a specific time). List of symptoms per medication is needed.
5. Medication is to be stored in the Health Office in a locked facility or under required refrigeration. The exceptions would be upon the written request by the parent/guardian and with the approval of the student's authorized Health Care Provider, as well as approval by the School Nurse. A student with a medical condition that requires frequent treatment, monitoring, or testing may be allowed to self-administer, self-monitor, and/or self-test with the approval by the above parties. The student shall observe universal precautions in the handling of blood and other bodily fluids. Such processes shall be implemented in a manner that promotes safety and privacy. Emergency medication such as Epi-Pens and/or inhalers is not to be left in the lockers, purses, book bags, or other places where other students may have access to it.
6. Self-carry medication should be in the original packaging along with the Health Care Provider order and self-carry contract. All emergency medication must be kept on the student's person at all times. (Recommend that emergency supplies be kept in the Health Office)
7. At the end of the prescribed time period, or school year, parents/guardians will be notified to reclaim unused medication. Parent/guardian or designated adult must pick up medication from school. All unclaimed medication will be destroyed at the end of the student's school year.
8. Prescribed and over the counter medications which continue into a new school year require renewal by completing new parent/guardian and Health Care Provider (State of California) requests annually.
9. When students bring unauthorized medication to school, it will be retained in the office until parents/guardians have been notified about the procedure for medication at school and the requirements are fulfilled. The medication may be picked up by a designated adult or destroyed if no arrangements are made within 30 days.
10. A list of students receiving medications at school, including name of medication, time and dosage will be maintained in the office. Time given and the initials of the person administering the medication will be noted each time the medication is given. Controlled substances will need to be counted on a daily basis.
11. Each year employees designated by the principal shall receive annual competency training from the School Nurse on the administration of medication.