



13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

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 THE 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 Office Stamp

Physician/HCP Signature _____

NPI # _____

Date _____

Address _____

Telephone _____

Fax _____

FOR SCHOOL USE ONLY: *If not brought in by parent, verify receipt and amount with parent by telephone

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) must be verified by the School Nurse or Principal.