

## Orange County Department of Education Community and Student Support Services

## ${\it PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR MEDICATION}$

ame of Student:		Birth	
hool/District:		: <u> </u>	Grade/Track:
PARENT/GUARI	DIAN REQUEST FOR THE AD PRESCRIPTION AND NON		F MEDICATION
assist students who are required t	on, 49423 allows the school nurse o take medication during the school or improve his/her potential for e	ol day. This service is	provided to enable the student to
instructions. I understand that des supervision of a qualified School in medication, dosage, time of ad for the school nurse to exchange	nistered to my child in accordance signated non-medical school person Nurse. I will notify the school imministration, and/or the prescribin medication-related information withool personnel regarding the medication to medicate the medication without the medication with the medication without the medication with th	onnel may assist in carr mediately and submit a g authorized health ca ith the authorized healt	rying out written orders under a new form if there are changes are provider. I give permission th care provider. The school
health care provider and parent. I	Pen or inhalers may be carried by Back-up medication should be kep iability if my child suffers an adve	t at school for emerger	ncy use. I release the district
Parent/Guardian Signature:		Date:	
Telephone: (Work)		(Home)	
	Dose:		
	doses Maximu		
	Signature:		
Authorized Health Care Provider	Name (print clearly):		
Telephone			
Provider NPI #			
Date to Discontinue Medication:			Office Stamp
0	is my professional opinion that the This student has been instructed in <i>Health Care</i>	•	ermitted to carry/self administer understanding of proper usage.
SCHOOL USE:		Data	
keviewed by:		Date:	



### Orange County Department of Education Community and Student Support Services

#### PARENT NOTIFICATION FOR THE ADMINISTRATION OF MEDICINE AT SCHOOL

TO THE PARENT/GUARDIAN:	
Medical treatment is the responsibility of the parent/guardian and an authorized health care provider authorized health care provider is an individual who is licensed by the State of California to prescrib	

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. A written statement signed by the licensed authorized health care provider/dentist 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. A signed request from the parent/guardian must be on file at school.

Name of Student:

- 3. Medication must be delivered to the school by the parent/guardian or other responsible adult.
- 4. Medication must be in your child's original, <u>labeled pharmacy container written in English</u>.
- 5. All <u>liquid medication</u> 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: Whenever there is a change in medication, dosage, time, or route the parent/guardian and authorized health care provider must complete a new form. 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.