



Authorization for Medication Administration During School Hours

In compliance with Education Code Section 49423, no medication will be accepted or administered at school without meeting the following requirements. The procedure for administration of medication by **prescription** and/or **nonprescription/Over the Counter (OTC)** medication listed on this form will be expedited as follows:

1. Only medication prescribed by the student's physician as being necessary to be taken by the student in the manner listed on this form should be brought to school. **Form must be complete and include required parent and prescribing physician signatures.**
2. Medication brought to the school to be administered to the student according to the provisions listed on this form should be in its **original prescription container** or for nonprescription/OTC medication, in its **original manufacturers container**, clearly marked with the student's name, the prescribing physician, **and** the medication order; medication name, route, dosage, time/frequency, and pharmacy, (Parent may want to ask physician for a prescription for a duplicate supply; one for home and one for school),
3. Medications that contain narcotics (some pain medications, some cough medications) **will not** be administered at school.
4. **All medications will be kept in a secure place in the school office.** Any special instructions for storage or security measures of any medication should be written by the prescribing physician and delivered to the school office, so that such instructions can be followed.
5. **Parent/Guardian or adult student (18 years or older)** shall deliver the medication and the completed form to the school office.
6. **Parent/Guardian or adult student (18 years or older)** shall pick up remaining medication during the last week of school. The school site is not responsible for medication left in the office during the summer.

If continuance of medication is necessary,
a new Authorization for Medication Administration During School Hours form
must be completed for each school year.

Section §49423 of the California Education Code allows students to take medications prescribed by a physician during the school day, to be assisted by designated school personnel with the medication, or to carry and self-administer certain medication when authorized in writing by the student's parent/guardian AND physician.

STUDENT INFORMATION				
Student Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Current Address: _____ Current School: _____ Grade: _____				
Parent/Guardian Authorization PLEASE SEE PAGE 1 FOR PRESCRIBED AND NON-PRESCRIBED MEDICATION REQUIREMENTS				
In accordance with Education Code §49423 Sections (a), (b, 1, 2 & 3) and (c) EC §49423.1 Sections (a), (b, 1, 2 & 3) and (c) and EC §49407, I, the undersigned parent / guardian of the above named minor student hereby authorize: _____ School nurse or designated school personnel to <u>assist</u> my child with medication administration, monitoring, and testing <i>Initials</i> according to the physician's instructions and approval below _____ My child to carry and self administer: <input type="checkbox"/> an auto injector epinephrine pen, <input type="checkbox"/> an asthma inhaler, or <input type="checkbox"/> insulin and blood <i>Initials</i> sugar monitoring/supplies according to the physicians instructions and approval below. In accordance with California Education Code §49407, I hereby RELEASE, DISCHARGE, and HOLD HARMLESS the Ripon Unified School District, officers, employees and agents from all liability, including injury death, adverse reactions, or other damages which may arise from the self-administration or assisting with administration of medication according to the authorization and instructions of the undersigned parent/guardian and physician described herein. I agree to provide the medications indicated below in original prescription containers, or original manufacturer's containers, which are labeled with the name of the child, the prescribing physician, the medication, and dosage instructions. I further authorize the school nurse or designated school personnel to consult with the prescribing physician should any questions arise with regard to the medication California Education Code §49480. I understand that continuous medication requires <u>annual</u> authorization to the school's office. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Print Parent / Guardian Name _____ Current Address </div> <div style="width: 50%;"> _____ Parent/ Guardian Signature <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> _____ Cell Phone </div> <div style="width: 30%;"> _____ Work Phone </div> </div> </div> </div>				
Physician Authorization THIS SECTION TO BE COMPLETED BY PRESCRIBING PHYSICIAN ONLY				
Physical Condition for which medication(s) are being taken: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Name of Medication</div> <div style="width: 15%;">Dosage</div> <div style="width: 15%;">Frequency</div> <div style="width: 15%;">Route</div> <div style="width: 25%;">Time of Day</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">#1: _____</div> <div style="width: 15%;">_____</div> <div style="width: 15%;">_____</div> <div style="width: 15%;">_____</div> <div style="width: 25%;">_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">#2: _____</div> <div style="width: 15%;">_____</div> <div style="width: 15%;">_____</div> <div style="width: 15%;">_____</div> <div style="width: 25%;">_____</div> </div> Instructions for care of student after medication administration, i.e., rest, home, hospital, doctor's office, return to class: _____ Possible reactions after administration of medication: _____ Storage and other precautions: _____ Start Date: Immediate / Other Date: _____ Stop. Date: End of Year / Other Date: _____ _____ I authorize my patient to <u>carry and self-administer:</u> <input type="checkbox"/> an auto injector epinephrine pen <input type="checkbox"/> an asthma inhaler and/or <i>Initials</i> <input type="checkbox"/> insulin and blood sugar monitoring/supplies according to my Instructions and approval here stated. <u>I confirm that I have instructed the student in the procedures, dosages, and time schedule by which the medication is to be taken, and the student is competent in self-administering the medication.</u> [Education Code §49423 sections (a), (b, 1, 2 & 3) and (c), EC §49423.1 Sections (a), (b), 1, 2 & 3) and (c)] <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> _____ Print Name of Physician _____ Physician's Signature </div> <div style="width: 30%;"> _____ Physician's Address _____ Date </div> <div style="width: 30%;"> _____ Telephone Number _____ Fax Number </div> </div>				

School Nurse Signature: _____

Date: _____

Site Principal Signature: _____

Date: _____