REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

(To be renewed at the beginning of each school year and when changes in medication or authorized health care provider occur.)

Learner Name: _____ Date of Birth: _____

School: _____ Grade /Facilitator: _____

California Education Code, Section 49423 defines requirements for administration of medication "... any pupil who is required to take, during the regular school day, medication prescribed for them by a physician, may be assisted by the school nurse or other designated school employee if the school receives **(1) a written statement from such physician detailing the method, amount, and time schedules by which medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in the matter set forth in the physician's statement**."

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER			
Diagnosis or Reason for Medication during the school day:			
Name of Medication	Dose	Route	Time(s) to be Given
Possible **side effects** or other serious considerations regarding medication(s):			
For AUTO-INJECTOR EPINEPHRINE (EpiPen)			
Learner is allergic to:			
Learner **may** carry EpiPen and self-administer ○ Yes ○ No (if yes check statement below)			
For ASTHMA INHALERS			
Learner **may** carry asthma inhaler and self-administer ○ Yes ○ No (if yes check statement below)			
Does the learner need the prescribed medication ____ minutes before physical activity? ○ Yes ○ No			
I have instructed the learner in the proper method to use their asthma inhaler and/or EpiPen and in my opinion the learner is competent to safely self-administer the medication at school.			
_____ Health Care Provider Signature		_____ Date	
_____ Health Care Provider Name/Address (Please Print)		_____ Phone	

PARENT REQUEST AND AUTHORIZATION:

I request that the school nurse or designated school personnel assist my child with medication as ordered by the health care provider. I give permission for the school nurse to communicate with the health care provider on matters related to this medication. I will notify the school nurse of any changes in medication, health status, or authorized health care provider and will provide a new medication order form. I understand I may submit a written statement to withdraw my consent for administration of medication at school at any time. I understand that the school must receive the medication in a container with a pharmacy label that indicates name of learner, health care provider's name, medication, dose, route, and time to administer (over-the-counter medication must be in the original container). I understand that the medication must be delivered to the school by the parent, guardian, or adult designee.

I understand that medication (including over-the-counter) can only be administered to my child at school if the school has received **ALL** of the following: a.) Current California-authorized health care provider order, b.) Parent /guardian signature, and c.) Properly labeled medication.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

iLEAD PROCEDURES REGARDING MEDICATION TAKEN DURING SCHOOL HOURS

1. Prescription medications must be clearly labeled by the dispensing pharmacy in its original packaging and contain the following information:
   - Learner's full name
   - Physician's name
   - Dosage, schedule, dose form, and duration of the current course of treatment
   - Date of expiration of the mediation

2. In additional to a home supply, parent/guardian may request a second labeled bottle from the pharmacy for school use.

3. Non-prescription (over the counter) medications may be administered at school only if the medication is provided in the container labeled by the manufacturer.

4. Medication supply may be brought to the school at any time by the parent/guardian and must be given to the school health office.

5. The school director or designee will assume responsibility for placing the medication in a locked cabinet.

6. No medication may remain at school at the end of the academic calendar or if a learner withdraws from the school. The school director or designee retains the responsibility for assuring all medication is returned.

7. If medications need to be taken while a learner is on a field trip, arrangements must be made with the school director or designee.
   - All injectable medications require special arrangements.
   - Injectable medications, such as insulin, used on a regular basis, or as needed, must be administered by a licensed health care professional and/or arrangements made with the director or designee.

If medications require specialized medical personnel, parents/guardians will be asked to assure appropriate medical personnel are available.