

La Cañada Unified School District



Physician's Recommendation for Medication

This request is to be **completed** and signed by a **California licensed physician**; the request should then be signed by the Parent/Guardian and returned to school.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Diagnosis or Indication for Medication: _____

Name of Medication	Form (capsule, tablet, etc)	Dosage	Approximate Time of Day

PRECAUTIONS: Special Instructions, Possible Adverse Effects, Comments:

Effective date until July of the current school year. Must be updated yearly or if changes to regimen occur.

It is necessary for this medication to be taken during the school day at the time(s) indicated above and the medication may be administered by medically untrained personnel.

Physician's Signature: _____ Date: _____

Physician Name (print): _____ License No.: _____

Address: _____ Phone: _____

The law allows any person to assist in carrying out a physician's recommendations. The school recognizes the desirability of following a physician's recommendations as nearly as possible. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the school or its personnel free from any or all suits which might arise out of these arrangements.

I request my child, _____ be assisted in taking the above prescribed medication at school by authorized persons, and will comply with the school's policies and procedures listed on the back of this form. I also give my permission for school personnel to contact the physician for further information if necessary.

Parent/Guardian Signature: _____ Date: _____

Phone: Home: _____ Work: _____

**THIS FORM MUST BE RENEWED WHENEVER THE PRESCRIPTION CHANGES AND IS VALID THROUGH JULY OF THIS ACADEMIC YEAR
A NEW FORM IS REQUIRED EACH YEAR**

REGULATIONS ON THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

No pupil shall be given medication, prescription or over-the-counter, during school hours except upon written request from the parent or guardian of the pupil and a California licensed physician who has the responsibility for the medical management of the pupil.

A request form for each prescribed medication **MUST** be completed by the pupil's physician, signed by the parent or guardian, and filed with the school. **The prescription label on the medication container is not acceptable as a physician's statement. Over-the-counter medications will be given only if prescribed by a physician or dentist.**

Medication must be provided to the school in the container in which it is purchased, with the prescription label attached, and must be prescribed for the student to whom it will be administered. The container must be clearly labeled with the following information:

- a) Pupil's full name
- b) Physician's name
- c) Name of medication
- d) Dosage, schedule and dose form
- e) Date of expiration of prescription

Each medication is to be in a separate container labeled as above. **School personnel cannot give medication brought to school in a plastic bag, plastic ware, or any other repackaging. No out-of-date medication will be given.**

Designated personnel will assume responsibility for placing medications in a locked cabinet which shall be used only for storage of medication.

Pupils will be assisted by the Health Office staff or other designated employee when taking medications according to the physician's instruction under the supervision of the District Nurse.

The parent will assume full responsibility for the supplying of all medication.

Any special instructions for storage or security measures of any medication should be written by the physician and given to school personnel so that such instructions can be followed.

Pupils are not allowed to have medication in their possession at school, walking to and from school, or on the school bus. This practice provides for the safety of all pupils. The only exception to this policy is if the pupil's well-being is in jeopardy unless medication is carried on his/her person. The appropriate release forms can be obtained from the school and must include a statement from the physician that the pupil's well-being is in jeopardy unless he/she carries the medication.