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MEDICATION AT SCHOOL FORM

PART I: ORDER FOR ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY

PART II: ORDER FOR DELEGATION OF ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY (SEE PAGE 2)

California Education Code 49423 requires written permission from the parent/guardian AND the physician before a student can take medication at school.

I request that school personnel assist/allow my son/daughter _____, DOB _____, Grade _____ at _____ School, School Phone # _____, School Fax # _____ (see page 2 for school site fax numbers) in taking the medication indicated below that I shall supply the school in its container.

In consideration for assistance with medication, on behalf of my child, I agree to and do hereby hold the District and its employees harmless from any and all claims, demands, causes of action, liability or loss of any sort because of or arising out of the acts of omissions of the District or its employees with respect of his/her medicine. In addition, I understand that the school nurse has my permission to communicate with the prescribing licensed health care provider on matters related to this medication.

Date _____ Signature _____

Daytime Phone# _____ Relationship to Student _____

TO BE COMPLETED BY AN AUTHORIZED CALIFORNIA HEALTH CARE PROVIDER

(California licensed physicians, surgeons, dentists optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants – California Code of Regulations, Title 5, section 601[a])

Nature of Condition	Name of Medication	Method of Administration	Dosage	Amount	Time to be given	Frequency

Duration for medication: (Please choose one option)

#1 Start Date for Medication: _____ End Date for Medication _____

or
 #2 _____ School Year

Restrictions and / or important side effects: None Anticipated Yes, Please Describe:

Special Storage Requirements: None Refrigerator Other: _____

This Student is both capable and responsible for self-administering this medication

No Yes – Supervised Yes – Unsupervised

This Student may carry this medication and is responsible for having it at school and on field trips:

No Yes

Date: _____ Physician's Signature: _____

Address / Phone Number: _____

PART II: ORDER FOR DELEGATION OF ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY

WHEN BEING ADMINISTERED BY AN UNLICENSED VOLUNTEER SCHOOL EMPLOYEE: The prescribing California authorized licensed healthcare provider is delegating the administration of the medication ordered above to the identified unlicensed volunteer school employee, who has agreed to administer the medication. ***The licensed health care provider delegating to a designated, trained unlicensed volunteer school employee will complete the delegation authorization section below.***

I voluntarily agree to administer the medication as directed by the delegating authorized healthcare provider. I understand that I may communicate with the authorized delegating healthcare provider on matter related to the medication. My signature below affirms that I have successfully completed training to administer the medication. I understand that I may revoke my agreement to administer the medication at any time, for any reason, and will not be penalized by my employer for such revocation.

Volunteer School Employee Name Signature Daytime Phone # Date

Delegating Healthcare Provider Name Signature Date

I authorize the unlicensed volunteer school employee identified in this section to administer the medication as directed by the delegating healthcare provider. I understand that the unlicensed volunteer school employee has my permission to communicate with the delegating healthcare provider on matter related to this medication.

Parent/Guardian Name Signature Daytime Phone # Date

Reviewed by School Administrator Signature Date

ADDITIONAL REQUIREMENTS

1. Medication WILL NOT be given until this form is completed and on file in the school health office.
2. A parent/guardian must bring the medication to the school and pick up any outdated, unused medication or for home use medication.
3. All medication must be in a container labeled by a pharmacist or prescribing physician.
4. A current medication form must be on file. A new form for each medication must be completed and on file for each school year.
5. Parents/Guardians must provide all materials or necessary equipment for medication administration.
6. A copy of this Medication Order must be provided by the physician to the school nurse, school administrator and unlicensed volunteer.
7. Changes in prescribed dose and other details of medication administration must be provided to the school nurse, school administrator and unlicensed volunteer, in writing by the delegating physician.
8. All medication not picked up by a parent/guardian on the last day of school will be discarded in accordance with district policy.

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SCHOOL SITE FAX NUMBERS

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|--|---|
| <input type="checkbox"/> Webster Elementary #559-276-1921 | <input type="checkbox"/> Sierra View Elementary #559-645-5161 |
| <input type="checkbox"/> Ranchos Middle #559-645-3565 | <input type="checkbox"/> Liberty High #559-645-4769 |
| <input type="checkbox"/> Educational Options #559-645-3581 | <input type="checkbox"/> Freedom Home School #559-645-7144 |