

**SAN JACINTO VALLEY ACADEMY 2018-2019**

**PARENT/GUARDIAN AND PHYSICIAN REQUEST FOR MEDICATION**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**STATE LAW**

The State Law requires a written statement for school personnel to administer prescribed medication. In accordance with California Education Code Section 49423.

**PARENT REQUEST FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION**

At this time it is necessary to have my child take prescribed medication at school. I have reviewed the guidelines, "Administration of Medication During School Hours."

I request that a designated school person assist my child, \_\_\_\_\_ giving him/her the medication, he/she needs as set forth in the physician's statement below. Please accept this form as authorization to assist in its administration and as permission for the exchange of information regarding my child's prescribed medication.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to hold the San Jacinto Valley Academy, its officers and employees, harmless from all liability or claims which might arise out of these arrangements, including, but not limited to, any injury to other student(s) which may result from my student's misuse of self-administered medication.

**A NEW FORM IS REQUIRED AT THE BEGINNING OF EACH SCHOOL YEAR AND FOR EACH PRESCRIPTION CHANGE**

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**PHYSICIAN REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION**

Diagnosis/reason for Medication: \_\_\_\_\_

Medication	Method of Admin.	Dose/Amount	Time of Day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Precautions, possible adverse reactions, interventions: \_\_\_\_\_

Disposition of pupil following administration of medication (i.e., rest, home, doctor's office, hospital, return to class):  
\_\_\_\_\_  
\_\_\_\_\_

**The above medication cannot be scheduled for other than during school hours and such medication may be given by trained, unlicensed, assistive personnel whenever necessary.**

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

## **ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

### **A. General Policy**

1. No student shall be given medication during school hours except upon written request from a California licensed physician/healthcare provider who has the responsibility for the medical management of the student. All such requests must be signed by the parent or guardian.
2. A new form is required for each prescription change and at the beginning of each school year.

### **B. Responsibility of the Parent or Guardian**

1. Parent/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medications.
3. Parents/guardians may administer medication to their child on a scheduled basis arranged with the school. Students are not permitted to carry prescribed or over-the-counter medication on a school campus except by written parents/physician's approval – grade 6 and above only.
4. Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.

### **C. Responsibility of the Physician and Parent or Guardian**

1. A request form for prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school administrator or his/her designated representative.
2. The container must be clearly labeled by the physician or pharmacy with the following information:
  - a. Student's name
  - b. Physician's name
  - c. Name of medication
  - d. Dosage, schedule (specific to school) and dose form
  - e. Date of expiration of prescription
3. Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed healthcare provider.

### **D. Responsibility of the School Personnel**

1. The school administrator will assume responsibility for placing medications in a locked cabinet.
2. Students will be assisted with taking medications according to the physician's instructions and the procedure observed by a school staff member.