

**WILLIAM S. HART UNION HIGH SCHOOL DISTRICT**  
21380 Centre Pointe Parkway, Santa Clarita, CA 91350-2948

**Physician Orders to Assist in the Delivery of Medication During the School Day**  
**Medication Action Plan**

In accordance with California Education Code section 49423, this form must be completed by an authorized California healthcare provider and be on file for any student who requires medication(s) during the regular school day.

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School	School Phone Number	Health Office Extension	School Fax Number
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Last Name of Pupil	First Name	Grade	Date of Birth
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**Authorized California Healthcare Provider to complete the following:** (California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants-California Code of Regulations, Title 5, sections 601[a]).

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Diagnosis	Name of Medication
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Dosage	Time to be Given	Route
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Discontinue medication on (date)

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Authorized Healthcare Provider Name (print)	Signature	Date
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Phone Number	Fax Number	NPI Number
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**Action Plan for Medication Delivery: Always follow the following six rights:**

- Right Individual
- Right Medication
- Right Dose
- Right Time
- Right Route
- Right Documentation

**For any Deviation from this Action Plan; Notify as Quickly as Possibly upon Discovery:**

- District Nurse
- School Site Administrator
- Parent/guardian

**Parent/Guardian Authorization to complete the following:**

I authorize the credentialed school nurse or other licensed healthcare provider (RN, LVN), trained Health Technician, or trained unlicensed volunteer school employee to assist in the delivery of the medication as directed by the authorized health care provider. I understand that the school nurse has my permission to communicate with the prescribing licensed health care provider on matters related to this medication.

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Parent/Guardian Name (print)	Signature	Date
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**Additional Requirements:**

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