



# GLENDORA UNIFIED SCHOOL DISTRICT

Department of Health Services  
 301 South Loraine Avenue, Glendora, CA. 91741  
 Phone: (626) 852-4589 Fax: (626) 852-4585 • Web Site [www.glendora.k12.ca.us](http://www.glendora.k12.ca.us)

## CONSENT FOR PRESCRIBED MEDICATIONS ADMINISTERED IN SCHOOL

\_\_\_\_\_  
 \*Student's Name

\_\_\_\_\_  
 \*Student's Date of Birth

\_\_\_\_\_  
 \*School

\_\_\_\_\_  
 \*Grade

\_\_\_\_\_  
 \*Allergies

## PARENTAL CONSENT FOR ASSISTANCE WITH MEDICATION ADMINISTERED BY SCHOOL PERSONNEL TO BE COMPLETED BY PARENT OR GUARDIAN

**Parent or Guardian Consent:** I request Glendora Unified School District (GUSD) school nurse or other unlicensed designated personnel to assist my child by administering the medication as prescribed below by the physician. My signature confirms that this medication is required to be given during the school day as it is an emergency medication, given for specific health reasons, and/or otherwise would require my child to remain home. My signature on this form gives GUSD school nurse or health clerk permission to speak to my child's physician about the medical condition(s) treated by the medication(s) listed below. **I acknowledge this prescription is valid for one year (Ed Code 49423).**

**I understand that it is my responsibility:** (*California Education Code 49480, 49400, 49423, & 49423.1*)

- To have my child's physician complete this form and acknowledge that it must be returned to the school nurse with the medication before any medication can be given.
- Ensure that the medication is in the original container with a pharmacy label that includes my child's name, prescribing physician's name, date, diagnosis, medication name, dosage, time (s), and special directions for use. Over-the-counter medication must be in original, unopened container with child's name on it. Parent/Guardian must provide all medications, related equipment, and supplies to administer it. Students may not transport medication, only parents/guardians may do so, with the exception of students who are allowed to carry their medication on their person at all times. Parent/Guardian must also pick up discontinued medication and/or at end of school year. Failure to do so will result in the disposal of abandoned medications according to state and local laws.
- To notify the school nurse of any changes in medication, dosage, frequency, time(s), reason for administration, health status change, or healthcare provider. Parent/Guardian must provide written documentation of these changes, which must include a new order form, parent written consent, and updated pharmacy label/container.
- Provide written notification of request to discontinue a medication. Any request to re-start medication will require a new written authorization from physician and parent.
- I, on behalf of myself, my child, or heirs, executors, and assigns, hereby agree to hold harmless, release, and covenant not to sue the Glendora Unified School District, its officers, employees, and agents, for any and all liability, claim, or cause, of action of any nature whatsoever, including but not limited to personal injury or death from missed or refused doses or by side effects resulting from the medication(s), which may result from the district's assistance to administer the medication or from my child's self-administration of medication.

\_\_\_\_\_  
 \*Parent/Guardian Signature

\_\_\_\_\_  
 \*Parent/Guardian Printed Name

\_\_\_\_\_  
 \*Date

\_\_\_\_\_  
 \*Phone Number

## PHYSICIAN'S WRITTEN AUTHORIZATION TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER

**Physician's Consent:** Dear Provider, per California Education Code #49400, 49480, 49423 & 49423.1, we need the following information to authorize the nurse and/or other unlicensed designated school personnel to dispense prescribed medication at school, including over the counter medications. This order is to remain in effect for one year, until orders change, or until the end of the school year.

	Medication	Dose	Time	Route/Method	Diagnosis	S/S for PRN med	Possible side effects
School Medication #1							
School Medication #2							
School Medication #3							

\_\_\_\_\_  
 \*Physician's Printed Name

\_\_\_\_\_  
 \*NPI number

\_\_\_\_\_  
 \*Address

\_\_\_\_\_  
 \*City/State/Zip

\_\_\_\_\_  
 \*Phone

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

\_\_\_\_\_  
 \*Date



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## INSTRUCTIONS

If you want your child to take **ANY KIND** of medication (including over the counter non-prescription drugs like Tylenol, Benadryl, Tums, or cough drops) please complete these steps:

- Step 1: Take this form "Prescribed Medications Administered in School" to your health care provider. (If your student needs to self-administer an asthma inhaler, Epi-Pen, or provide diabetes self-care per doctor's orders at school, please use the "Consent for Self-Administration of Medication" form).
- Step 2: Your health care provider must complete the form(s) correctly.
- Step 3: Check the label on the medicine and the form the health care provider fills in. The name of the medicine, strength of the medicine, dosage, schedule, and child's name all must match the form(s) and the health care provider must sign the form(s).
- Step 4: As the parent or guardian, you must sign all form(s) and give this along with the medication to the health office at your child's school.
- Step 5: It is your responsibility as the parent to dispose of all empty medication containers. You must also pick up all medications at the end of each school year or they will be disposed of.

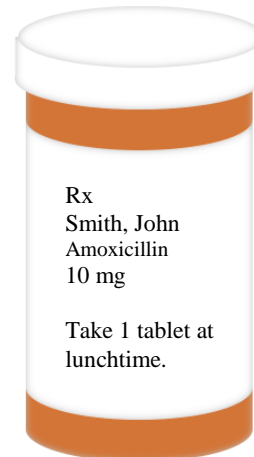
### Examples:

#### Medication 1

Health condition/diagnosis: Ear Infection  
Medication name: Amoxicillin  
Dose: 10 mg tablet  
Route/Method: orally  
Time: 12:00 pm for 1 week

#### Medication 2

Health condition/diagnosis: Headache  
Medication name: Tylenol  
Dose: 650 mg tablet; 2 tablets as needed for headache symptoms  
Route/Method: orally  
Time: PRN



Must be in original, unexpired bottle!

