

School Medication Authorization Form

Student Name: _____ Date of Birth: _____

School: Red Bluff High School Phone: (530) 529-8797 FAX: (530) 529-8885

California Ed Code 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school, maintain, or improve the potential for education and learning.

Medication must be in the original container. No medication (including over-the-counter) will be given at school without a current "School Medication Authorization Form" completed by a health care provider licensed in California to prescribe medications.

Authorized Health Care Provider's Order (To be completed by licensed authorized health care provider.)
Only one medication per form.

Name of medication/strength of tablet, capsule or liquid: _____

This medication is a controlled substance: Yes No

Dosage: _____ How often? _____

Scheduled time to be given at school: _____ Route to be given: _____

Reason for medication/diagnosis: _____

Possible side effects: _____

Student has been instructed in self-administration of inhaler and is competent to carry and safely self-administer

Student has been instructed in self-administration of Epi-Pen and is competent to carry and safely self-administer

Comments: _____

It is necessary for this medication to be taken during the school day at the time(s) indicated above.

Print Name of Licensed Authorized Health Care Provider Signature of Authorized Health Care Provider

Address Phone Date License #

To Be Completed By Parent/Guardian

I request that my child, _____, be assisted in taking the above prescribed medication at school by the authorized persons. I will comply with the school's policies and procedures. I will notify the school if there are changes in my child's health status, changes in medication or change in health care provider. I authorize exchange of information and consultation between my child's health care provider, school nurse, and/or site administrator with regard to this medication request.

Parent/Guardian Signature Date Phone (emergency)

Form must be renewed at the beginning of the school year or when the prescription changes (6/22)

Medication Authorization Form

Dear Parent/Guardian:

California Education Code 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. No medications (including over-the-counter medication) will be given at school without a current School Medication Authorization Form completed by the student's parent/guardian and authorized health care provider licensed in California to prescribe medications.

Parental/Guardian responsibilities for the administration of medication during school hours:

1. Assure that school personnel are aware of your child's health conditions (i.e. allergy to bee stings, seizures, asthma, diabetes, etc.)
2. Request the pharmacist label two containers, one for home use and one for school use (if the child is to receive the medication at both sites).
3. Provide the school with a current completed Medication Authorization Form.
4. Provide the school with the prescribed medication in the original container. Medication must be delivered to the school by the parent; do not send medication to the school with your child.
5. Complete new School Medication Authorization Form and provide new medication when prescription changes are made. New School Medication Authorization Forms are required for each school year.
6. Remove medications from school premises within one week of the date that they are discontinued by the authorized health care provider or on the student's final day of school, whichever comes first. Any medication not removed by the parent/guardian within the specified time period will be disposed of. Medications will not be sent home with the student.
7. Students are not permitted to carry any medication, including over-the-counter medication, on a school campus. However, an authorized health care provider and parent/guardian may authorize a student to carry their prescribed emergency medication (Epi-Pen and/or asthma inhaler) if indicated on the authorization form.

*California Education Code 49423

Any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon or ordered for him or her by a physician assistant or nurse practitioner may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statement. In order for a pupil to be assisted by a school nurse or other designated school personnel, the school district shall obtain both a written statement from the physician and surgeon or physician assistant or nurse practitioner detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon or physician assistant.

In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the licensed health care provider detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration. (6/21).