

NOTICE REGARDING MEDICATION TO BE TAKEN DURING SCHOOL HOURS



The laws require the following concerning medication to be taken at school:

Students are not allowed to bring any medicine to school with them to be self-administered. If non-prescription medication is required to be taken during school hours, such as aspirin, allergy pills, etc., a parent or guardian must bring the medicine to the school and give it to the students.

If a student must take medicine during school hours which has been prescribed by a doctor, the following applies:

An **Authorization for Administration of Medication During School Hours** form must be obtained from the school secretary and completed, signed by a parent and by the doctor prescribing the medication, and returned to the school office along with the medicine to be given. If a student needs to self-administer medication during school hours, then a **Medication Self-Administration** form must also be completed and signed by the prescribing doctor and parent.

Trained school personnel will then administer the medication at the prescribed time and keep a record of this on a medication card in the nurse's office.

Medication must be in the container in which it was purchased with the pharmacy or manufacturer's label attached and must be prescribed to the student who will be taking the medication. The label will state: student's name, date, name of medication, dosage, time to be taken, special instructions and physician's name. No medications (including over-the-counter medications) will be given at school without a current Healthcare Provider prescription.

***** Every attempt will be made by school personnel to administer the medication in the dosage and schedule required. However, the prime responsibility rests with the pupil to report to appropriate school personnel for their medication. Should the medication be of such seriousness that a missed dosage will cause extraordinary reactions, the part should be arranged for the medicine to be given to the pupil by themselves or another person outside the school, whomever the parent wishes to designate.**

RIVER DELTA UNIFIED SCHOOL DISTRICT

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS*
Individualized Health and Support Plan (ISHP)

This form must be completed with Healthcare Provider and Parent/Guardian signatures before any medication may be taken at school.

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 as delegated by the Healthcare Provider. This service is provided to enable the student to remain in school and to maintain or improve the potential for education and learning.

Medication must be in the container in which it was purchased with the pharmacy or manufacturer's label attached and must be prescribed to the student who will be taking the medication. The label will state: student's name, date, name of medication, dosage, time to be taken, special instructions and physician's name. No medications (including over-the-counter medications) will be given at school without a current Healthcare Provider prescription.

Student Name: _____ DOB: _____
Medical Record #: _____ School: _____

TO BE COMPLETED BY HEALTHCARE PROVIDER: Use one form per medication

TO HEALTHCARE PROVIDER: Please note: Whenever possible, please prescribe medication that can be given outside of the school day. If medication must be administered during school hours, please complete the information below:

Diagnosis: _____ Date of Examination: _____
Medication Prescribed: _____
Dosage: _____ Time(s)/Frequency: _____ Route: _____
Side effects: _____
Signs & symptoms for which a PRN (as needed) medication is to be taken: _____
How soon it can be repeated: _____
Duration of medication schedule (one year maximum): _____

Administration of this medication may be delegated to unlicensed assistive personnel, in the absence of a licensed nurse, as a licensed nurse is not usually available to give medications.

Healthcare Provider's signature: _____ Date: _____
Print/Type Provider's Name: _____ License No: _____
Address: _____ Phone: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

- My signature below verifies that:
1. I am the parent or legal guardian of the pupil named above.
2. I authorize my child to receive the medication as authorized above.
3. I agree to deliver my child's medication to the appropriate school staff as described above.
4. The school district is not responsible for the results or side-effects of the medication. The school district is not responsible for reminding the student to take medication. The classroom teacher will be advised that the student will need to be released from the classroom when the student indicates that it is time for the medication to be taken.
5. I give my permission for the exchange of confidential information regarding my child between River Delta Unified School District and the above named healthcare provider as it relates to the above medication.
6. The school will be notified immediately if there is a change in healthcare provider, medication, or instructions.
7. In return for the school district's assistance in administering the medication to my child, I hereby waive on my own behalf, and on behalf of my child, the right to maintain any legal action for damages against the school district for any adverse effect that the medication may have on my child.

Parent/Guardian signature: _____ Date: _____
Address: _____ Home phone: _____ Cell phone: _____

This form must be renewed whenever the prescription changes and at the beginning of each school year.

*A completed "Medication Self-Administration" form must accompany this form in order for a student to carry and self administer medication