



Parent/Guardian Information Administration of Medication at School

If your child is under the care of a physician and must take medication during the school day for a specific medical diagnosis or condition, please read the information below.

The district's school nurses serve several schools and are not available on a daily basis to administer medication. As a result, nonmedical staff on the campus will most often perform this function. Consequently, you are encouraged, with the help of your physician, to work out a schedule to give medication outside school hours.

If your child must take medication at school, please note:

- This Medication Authorization form must be completed each year and kept on file in the school office. Annual updates are required by law.
- Student may not possess medication at school, walking to and from school, or on a school bus (exceptions are inhaled asthma medication and epinephrine auto-injectors, as authorized by the physician).
- Medication must be brought to school by a parent or adult representative in the original pharmacy container.
- Over-the-counter drugs must also have a Medication Authorization form on file.
- All medications must be kept in the office unless otherwise directed by the physician.
- With any dosage or prescription change and at the start of each school year, a new Medication Authorization form must be completed.
- At the end of the school year or when a medication expires, a parent or adult representative must pick up unused medication.
- All medication will be discarded if not picked up at the appropriate time.
- A student may be subject to disciplinary action for the misuse of any medication.

These requirements are provided by law: Educational Code 49423 & 49423.1

49423 and 49423.1. (a) Any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician, may be assisted by the school nurse or other designated school personnel.

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician 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.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine or inhaled asthma medication, the school district shall obtain both a written statement from the physician 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 or inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil, consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability.

(3) The written statements shall be provided at least annually and more frequently if there are any changes to the medication, dosage, or frequency of administration.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900, if that pupil uses auto-injectable epinephrine or inhaled asthma medication in a manner other than as prescribed.

For further information or assistance, contact your school or school nurse assigned to your school.

Vacaville Unified School District

AUTHORIZATION FOR MEDICATION REQUIRED DURING SCHOOL HOURS

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 their 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.

Medications must be given at home if at all possible.

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. No medications (including over-the-counter medications) will be given at school without a current Healthcare Provider prescription.

Student Name: _____ DOB: _____

Medical Record #: _____ School: _____ Grade: _____

Use one form per medication

TO BE COMPLETED BY HEALTHCARE PROVIDER:

Nature of condition requiring medication during the regular school day: _____

Medication prescribed: _____

Dosage: _____ Time(s) to be administered: _____ Route: _____

Side effects: _____

Signs & symptoms for which a PRN (as needed) medication is to be taken: (if medication is an epinephrine auto-injector refer to "Epi-Pen Authorization" form): _____

How soon it can be repeated: _____

Administration of this medication may be delegated to unlicensed assistive personnel in the absence of a licensed nurse unless otherwise indicated.

Healthcare Provider's signature: _____ Date: _____

Healthcare Provider's name: _____ 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.
4. I agree to hold the Vacaville Unified School District harmless from any and all liability resulting from my child taking the medication in the manner directed.
5. I understand that the school nurse may communicate with the appropriate school staff regarding this medication authorization.
6. I give my permission for the exchange of confidential information regarding my child between the Vacaville Unified School District and the above named healthcare provider as it relates to the above medication.
7. The school will be notified immediately if there is a change in healthcare provider, medication, or instructions.
8. I understand that I need to pick this medication up by the last day of school or it will be discarded.

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.