PERM ID:					
SCHOOL YEAR	SCHOOL	GRADE	DOB	LAST NAME	FIRST NAME

MEDICATION AUTHORIZATION

HEALTH SERVICES
SERVICIOS DE SALUD

A. PHYSICIAN USE ONLY

PHYSICIAN INTRUCTIONS FOR SCHOOL ASSISTED MEDICATION	INSTRUCCIONES DEL DOCTOR PARA MEDICAMENTOS ADMINISTRADOS POR LA ESCUELA
▪ This form must be completed before any medication, over-the-counter or prescription, can be given or taken, at school. ▪ Signatures of both physician and parent/guardian are required. ▪ This form must be renewed annually or with any change in medication.	▪ Esta forma debe ser llenada antes de que cualquier medicamento (sin receta o con receta) pueda ser administrado o tomado en la escuela. ▪ Se requiere la firma del doctor y del padre/tutor. ▪ Esta forma debe ser renovada anualmente o cuando haya un cambio en el medicamento.

MEDICATION: _____ **Dose:** _____ **Reason/Diagnosis:** _____

Route: ☐ Oral ☐ Nasal ☐ Topical ☐ Inhale ☐ Injection ☐ Other: **Med Start Date:** _____ **Stop Date:** _____

☐ **If DAILY - Time(s) to be given:** _____

☐ **If AS NEEDED (prn) Frequency:** ☐ **Every 3 to 4 Hours** ☐ **Every 4 to 6 Hours**

☐ **Other Directions:** _____

☐ **Self Administered:** Asthma Inhaler or Epinephrine Auto-Injectors ONLY

____ **Physician's Initials Required:** Acknowledging student has ability to self-administer to physician. ***Elementary not recommended.***

☐ **OTHER INSTRUCTIONS** if needed (e.g., signs/symptoms for usage, special storage, adverse reactions):

_____

Physician Name (PRINTED)**:** _____ **Physician Signature:** _____ **Date:** _____

Street Address: _____ **City:** _____ **Zip:** _____ **Phone:** _____

English

B. PARENT REQUEST FOR SCHOOL ASSISTANCE WITH MEDICATION

REQUIRED

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student (with the exception of asthma inhalers and epinephrine auto-injectors accompanied by appropriate physician instructions).

1) I HEREBY REQUEST THAT THE STAFF OF MY CHILD'S SCHOOL ASSIST IN GIVING MEDICATION to my child during school hours as stated in the physician instructions. I also give permission to contact the physician for consultation and exchange of information as needed.

PARENT/GUARDIAN SIGNATURE: **DATE:** **PHONE NUMBER:**

All medication orders are automatically discontinued at the end of the school year. New orders are required each school year.

- California Education Code section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.
- California Education Code section 49423 (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.

English

B. PARENT REQUEST FOR SCHOOL ASSISTANCE WITH MEDICATION

OPTIONAL

2) For ASTHMA INHALER/EPINEPHRINE AUTO-INJECTORS SELF-ADMINISTERED ONLY
I HEREBY REQUEST THAT MY STUDENT CARRY AND SELF-ADMINISTER his/her asthma inhaler or auto-injector.
I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication.* I also give permission to contact the physician for consultation and exchange of information as needed.

PARENT/GUARDIAN SIGNATURE: **DATE:** **PHONE NUMBER:**

Spanish

B. SOLICITUD DEL PADRE PARA AYUDA DE LA ESCUELA CON LOS MEDICAMENTO

REQUERIDO

YO ENTIENDO QUE LAS REGLAS DEL DISTRITO REQUIEREN QUE EL MEDICAMENTO DE UN ESTUDIANTE debe de ser guardado en un lugar seguro, bajo la dirección de un empleado adulto del distrito escolar, y no cargado por el estudiante (con la excepción de inhaladores de asma e inyecciones de epinefrina que pueden ser administradas por el estudiante acompañadas por las instrucciones apropiadas del doctor)

1) Por este medio yo solicito que el personal de la escuela de mi hijo/a ayude dando el medicamento a mi hijo/a durante el horario escolar de acuerdo con las instrucciones del doctor. Yo también doy permiso para contactar al doctor, para consultar e intercambiar información como sea necesario).

FIRMA DEL PADRE O TUTOR: **FECHA:** **NÚMERO DE TELÉFONO:**

OPCIONAL

2) Para INHALADOR DE ASMA/INYECCIONES DE EPINEFRINA (administrados por el estudiante solamente): Por este medio yo solicito que mi estudiante cargue y se administre su inhalador de asma o su inyección. Yo entiendo que si un estudiante no sigue las reglas y responsabilidades de cargar sus medicamentos, el/ella perderá el privilegio de cargar sus medicamentos.* Yo también doy permiso para contactar al doctor para consultar e intercambiar información como sea necesario).

FIRMA DEL PADRE O TUTOR: **FECHA:** **NÚMERO DE TELÉFONO:**

English

C. STUDENT CONTRACT – ASTHMA INHALERS ONLY

CONTRATO DEL ESTUDIANTE – INHALADORES DE ASMA SOLAMENTE

I agree to keep my medication in a safe and secure place, such as on my person, at all times. I agree I will NEVER share my medication with another student. If I am using my inhaler more than once a day, I will speak with the school nurse.

STUDENT SIGNATURE: **DATE:**

PARENT/GUARDIAN SIGNATURE: **DATE:**

Spanish

C. CONTRATO DEL ESTUDIANTE – INHALADORES DE ASMA SOLAMENTE

Yo mantendré mi medicamento en un lugar seguro, conmigo durante todo el día. Yo estoy de acuerdo de NUNCA compartir mi medicamento con otro estudiante. Si yo estoy usando mi inhalador más de una vez al día, yo hablaré con la enfermera de la escuela.)

FIRMA DEL STUDIANTE:	**FECHA:**
FIRMA DEL PADRE O TUTOR:	**FECHA:**

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- California Education Code section 49423 (c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.