Lewis Center for Educational Research
Health Services Department
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Guidelines for Medications Dispensed at School

This notice is for your information regarding state laws and dispensing medication at school. California Education Code 49423. Only when the below requirements are met will the school personnel be able to assist your child with medication at school.

1. **MEDICATION MUST NEVER BE TRANSPORTED TO OR FROM SCHOOL BY THE STUDENT** . Parent/Guardian is responsible for bringing medication to school and taking it home.
2. **ALL** medication (ie: prescription medications, over the counter medications, nutritional supplements, and herbal remedies) that is to be taken at school must be accompanied by the following:
   a. A written statement from the physician stating the name of medication, dose, date, time, route and the physician's signature. This written statement can be:
      - The **Physician Instruction for School Assisted Medication** Form
      - A physician prescription
      - Any Medication Authorization
   b. A signed copy of Parent Request for School Assistance with Medication by parent/guardian.
   c. A signed copy of **Parent Request for School Assistance with Medication part B** by parent/guardian, a signed **Student Contract** by student and the physician signature with the order to self administer checked on the **Physician Instruction for School Assisted Medication**, ONLY if student is ordered by physician to self-administer and carry asthma inhaler/epinephrine auto-injectors at school. (The student must be able to satisfactorily demonstrate his/her ability to properly use the medication to the doctor and health services personnel.)
3. **ALL** medications must be in the container in which it was purchased (including the box if applicable) and the pharmacy label must have: students name, medication name, dose, date, time, route and physician's name. If over the counter medication it must be unopened and in the original container.
   a. Medication cannot be sent in a lunch box, baggy, envelope etc.
   b. If medication dose calls for half of the tablet, the tablet must be pre-cut before they are brought to school in the prescribed bottle.
4. **ALL** medications must be picked up at the end of the school year.
5. **ALL** medications will be kept in the office and dispensed by office personnel. Give the school just the amount to be administered at school. Please keep all other doses at home.
   a. The only exception to this is for limited emergency medications: asthma inhaler/epinephrine auto-injectors if ordered by a physician to be carried by the student.
6. A **NEW** "Physician Instruction for School Assisted Medication" form must be signed:
   a. Anytime the medication/prescription changes and or date expires
   b. Every new school year

With my signature below: I have read, understood and agree to the guidelines for medication dispersion at school and the physician's instructions for medications given at school. I agree and release the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Students Name: _____ DOB:_____

School (circle one) : AAE NSLA

Parent Name (PRINT): _____

Parent Signature: _____ Date:_____

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PHYSICIAN INSTRUCTIONS

For SCHOOL ASSISTED MEDICATION

A. This form must be completed before any medication *(prescription or over-the-counter)* 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.

Student Name: _____ **Date of Birth:** _____

PHYSICIAN USE ONLY

1. 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 hrs.,** ☐ **Every 4 to 6 hrs.,** ☐ **Other :** _____

☐ ***Self carry – for asthma inhaler or epinephrine auto-injectors ONLY. Student demonstrates competence.**
- (**Not** recommended in elementary school)

Other instructions if needed (e.g., signs/symptoms for usage, special storage, adverse reactions): _____

2. 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 hrs.,** ☐ **Every 4 to 6 hrs.,** ☐ **Other :** _____

☐ ***Self carry – for asthma inhaler or epinephrine auto-injectors ONLY. Student demonstrates competence.**
- (**Not** recommended in elementary school)

Other instructions if needed (e.g., signs/symptoms for usage, special storage, adverse reactions): _____

Physician Signature: _____ ***Date:*** _____

Physician Name: _____

Address: _____ **Phone:** _____

City: _____ **Zip:** _____

All medication orders will be 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.

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Parent Request

For Assistance with Medication at School

B. The parent or guardian must complete this page before any medication *(prescription or over-the-counter)* can be given, or taken, at school. ***Signature of parent or guardian is required. This form must be renewed each school year or with any change in medication.***

Student Name: _____ **Date of Birth:** _____

Parent Request for School Assistance with Medication

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).

A. **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 or Guardian Signature: _____ ***Date:*** _____ **Phone Number:** _____

B. **For ASTHMA INHALER/EPINEPHRINE AUTO-INJECTOR SELF-CARRY requests 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 or Guardian Signature: _____ ***Date:*** _____ **Phone Number:** _____

Student Contract – Asthma Inhalers Only

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, or several times a week, I will speak with the school nurse.

Student Signature:		***Date:***	
Parent Signature:		***Date:***	

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

*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.

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