

San Marino Unified School District
Administration of Medication Form

Part 1: ORDER FOR ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY/FIELD TRIPS

In accordance with California Education Code section 49423, this form must be completed by authorized California healthcare provider and be on file for any student who requires medication(s) during the regular school day.

Student: Last Name _____ First Name _____ Middle Initial _____ DOB: month/day/year _____

Grade _____ Valentine Elementary School (626) 299-7090 (626) 299 -7094
School Name School Phone Number School FAX Number

Karen Gines, RN (626) 299-7000 extension 9385
District Nurse: Name and Phone Number

TO BE COMPLETED BY AN AUTHORIZED CALIFORNIA HEALTH CARE PROVIDER:

(California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants – California Code of Regulation, Title 5, section 601[a])

A. **Nature of condition** requiring medication during the regular school days: _____

Name of Mediation	Method of Administration	Dosage	Amount	Time to be given	Frequency

B. **Discontinue** medication on (Date): _____

C. Student is authorized to carry, and is able to self-administer, prescription for asthma or diabetes (authorized licensed healthcare provider initials: _____).

D. Student is authorized to carry, and is able to self-administer, auto-injectable epinephrine independently (authorized licensed health care provider initials: _____).

Authorized Healthcare provider Name (Print) _____ Signature _____ Date _____

License Number _____ Phone Number _____ FAX Number _____

SEE NEXT PAGE FOR ADDITIONAL REQUIREMENTS
San Marino Unified School District 11/2014

Parental Authorization

I authorize the school nurse or other licensed healthcare provider (RN, LVN) designated by the responsible administrator, to administer the medication as directed by the authorized healthcare provider. I understand that the school nurse has my permission to communicate with the prescribing licensed health care provider on the matters related to this medication.

Parent/Guardian Name (print)	Signature	Cell Number	Date

Reviewed by School Nurse (print name)	Signature	Date

Part II: ORDER FOR DELEGATION OF ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY/FIELD TRIP

WHEN BEING ADMINISTERED BY AN UNLICENSED VOLUNTEER SCHOOL EMPLOYEE: The prescribing California authorized licensed healthcare provider is delegating the administration of the medication ordered above to the identified volunteer school employee who has agreed to administer the medication. **The licensed health care provider delegating to a designated, trained unlicensed volunteer school employee will complete the delegation authorized section below.**

I voluntarily agree to administer the medication as directed by the delegating authorized healthcare provider. I understand that I may communicate with the authorized delegating healthcare provider on matters related to the medication. My signature below affirms that I have successfully completed training to administer the medication. I understand that I may revoke my agreement to administer the medication at any time, for any reason, and not be penalized by my employer for such revocation.

Volunteer School Employee Name	Signature	Cell Number	Date

Delegating Healthcare Provider Name	Signature	Date

I authorize the unlicensed volunteer school employee identified in this section to administer the medication as directed by the delegating healthcare provider on matters related to this medication.

Parent/Guardian Name (print)	Signature	Cell Number	Date

Reviewed by School Nurse (print name)	Signature	Date

MEDICATION POLICY

The following principles and procedures will be followed when a parent requests that a student be permitted to take medication at school. "Medication" is considered **both** a physician's prescription or over the counter items such as cough drops, pain relievers, or other nostrums.

1. The administration of medication to students shall be done only in exceptional circumstance wherein the child's health may be jeopardized without it and only when such administration has been requested and approved by the student's parents **and** physician.
2. Students requiring medications at school shall be identified to the school by parents and physician. Students observed by school personnel administering medications to themselves will be reported to the principal and their parents.
3. **All medications (prescriptions and over the counter items) must be delivered to the school office by an adult.** All medications for students must be kept in the health office. Students may not carry medication on their person or keep it in their desks or backpacks unless specific written permission from the parents and the prescribing physician is on file in the Health Office.
4. A written statement shall be required of:
 - a. The prescribing physician, who shall indicate the necessity for the medication being given to the student during school hours, and the method, amount and schedules for medication.
 - b. The parent, who shall request and authorize the designated school personnel to give medication in the dosage prescribed by the physician.
5. All medications brought to the office to be administered to a student must be in the original, labeled container with the name and telephone number of the pharmacy, the student's identification, name of the physician, and dosage of the medication to be given.
6. Form letters to parents and physicians designed to facilitate these procedures are available in the school office and are to be completed on an annual basis. To open and print a Physician's Recommendation for Medication form [click here](#).
7. **Any change in the dosage or type of medication** given must be authorized in writing by a physician.
8. A list of students needing medication during school hours, including the type of medication, times, and dosage, will be maintained at the local school in the administrative or health office. This list is to be reviewed and updated periodically by the District Health Coordinator.
9. Under no circumstances are school personnel to provide/administer over the counter medicines or nostrums to students without first obtaining written consent from the parent and physician.
10. At the end of the year parents must claim any medication remaining at school or it will be disposed of by the school.