

Chino Valley Unified School District

5130 Riverside Dr., Chino, CA 91710-4130

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Parent and Physician/HCP Request for the Administration of Medication

Student: _____ DOB: _____ Grade: _____

Address: _____ Home Telephone: _____

School Site: _____ School Fax: (909) _____ Attn: Health Office

PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION

The law allows any person to assist in carrying out a physician's/HCP recommendation. The school recognizes the desirability of following a physician's/HCP recommendations as nearly as possible at school, just as does a parent at home or any other person (not necessarily a nurse) if the physician/HCP requests assistance. The fact that this is a service or accommodation is recognized by all parties signing this form, and in so signing, agree to hold the District, its officers, employees, or agents harmless from all liability, suits, or claims of whatever nature or kind that might arise out of these arrangements. **I hereby authorize an exchange of information between the school nurse and the physician/HCP listed below regarding the prescribed medication(s). At school/school functions, I request that medication(s) be administered to my child by school staff or field trip/camp staff in accordance with the physician's/HCP written instructions below.**

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN/HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION

1. Medication _____ Diagnosis/Reason for Medication _____

May Substitute Generic ___ Yes ___ No Discontinue Medication at end of school year July 31, ___ or ___

Dose _____ Route _____ Time of day for daily meds _____ or _____

As needed every _____ for (list symptoms) _____ May repeat in _____

Notify physician/HCP for the following side effects: _____

Disposition of pupil following administration of medication: _____

2. Medication _____ Diagnosis/Reason for Medication _____

May Substitute Generic ___ Yes ___ No Discontinue Medication at end of school year July 31, ___ or ___

Dose _____ Route _____ Time of day for daily meds _____ or _____

As needed every _____ for (list symptoms) _____ May repeat in _____

Notify physician/HCP for the following side effects: _____

Disposition of pupil following administration of medication: _____

The student is trained to use asthma inhaler/emergency Epinephrine and student may self-administer on campus:

___ Yes ___ No Parent Signature _____ Yes ___ No ___ Physician/HCP Signature _____

Physician's/HCP Name (Printed) _____

Physician/HCP Signature _____

Date _____

Address _____

Telephone _____

Fax _____

Physician/HCP Office Stamp

FOR SCHOOL USE ONLY:

Date	Medication/Supplies Exp Date	Amount Rec'd (count together)	Signature of Parent/Guardian	Signature of Receiver

Medication procedures, parent authorization, and physician's HCP order(s) for medication(s) have been verified by the School Nurse or Principal.

*If not brought in by parent, verify receipt and amount with parent by telephone

ADMINISTRATION OF MEDICATION AT SCHOOL DURING SCHOOL HOURS

The following regulations and procedures will be followed when it is necessary for students to take medication at school:

1. A School Nurse, or any other school personnel, may not dispense any medication, whether prescription or over the counter, to a student without a licensed Health Care Provider order.
2. Any FDA approved prescription and over the counter medication may be administered at school when ordered by a Health Care Provider licensed by the State of California and accompanied by the appropriate written statement from the parent or guardian. A parent/guardian or designated adult must drop off medication at school.
3. Medication shall be administered by the School Nurse, trained principal, or trained designee.
4. Medications are to be supplied by the parent/guardian in the original pharmacy prescription bottle or original container labeled with the student's name, the amount of dosage (must include mg(s). or number of puffs), and time of administration (include when to repeat, frequency/in how many hours needed (PRN) or daily (QD) at a specific time). List of symptoms per medication is needed.
5. Medication is to be stored in the Health Office in a locked facility or under required refrigeration. The exceptions would be upon the written request by the parent/guardian and with the approval of the student's authorized Health Care Provider, as well as approval by the School Nurse. A student with a medical condition that requires frequent treatment, monitoring, or testing may be allowed to self-administer, self-monitor, and/or self-test with the approval by the above parties. The student shall observe universal precautions in the handling of blood and other bodily fluids. Such processes shall be implemented in a manner that promotes safety and privacy. Emergency medication such as Epi-Pens and/or inhalers is not to be left in the lockers, purses, book bags, or other places where other students may have access to it.
6. Self-carry medication should be in the original packaging along with the Health Care Provider order and self-carry contract. All emergency medication must be kept on the student's person at all times. (Recommend that emergency supplies be kept in the Health Office)
7. At the end of the prescribed time period, or school year, parents/guardians will be notified to reclaim unused medication. Parent/guardian or designated adult must pick up medication from school. All unclaimed medication will be destroyed at the end of the student's school year.
8. Prescribed and over the counter medications which continue into a new school year require renewal by completing new parent/guardian and Health Care Provider (State of California) requests annually.
9. When students bring unauthorized medication to school, it will be retained in the office until parents/guardians have been notified about the procedure for medication at school and the requirements are fulfilled. The medication may be picked up by a designated adult or destroyed if no arrangements are made within 30 days.
10. A list of students receiving medications at school, including name of medication, time and dosage will be maintained in the office. Time given and the initials of the person administering the medication will be noted each time the medication is given. Controlled substances will need to be counted on a daily basis.
11. Each year employees designated by the principal shall receive annual competency training from the School Nurse on the administration of medication.

Based on Revised Board Policies: May 2, 2019 AR 5141.21 (a)