## **Chino Valley Unified School District**

13461 Ramona Ave., Chino, CA 91710 Phone: (909) 628-1201 Ext. 8918 Fax: (909) 548-6090

## PARENT AND PHYSICIAN/HCP REQUEST FOR DIABETIC MANAGEMENT AT SCHOOL AND SCHOOL ACTIVITIES

Student:	DOB:	Grade:
Address:	Home Telephone:	
School Site:	School Fax: <b>(909)</b>	Attn: Health Office
PARENT REQUEST/CONSENT F	OR DIABETIC MANAGEMENT AT SCHOO	DL AND SCHOOL ACTIVITIES
I (we) the undersigned, the parent(s)/guardian(s) of administered to my (our) child in accordance with equipment; 2. notify the credentialed school nurse provider; and 3. notify the credentialed school nurse above authorization. I (we) give consent for the credentialed school nurse above authorization. I (we) give consent for the credentialed school nurse above authorization. I (we) give consent for the credentialed school nurse above authorization. I (we) give consent for the credentialed school nurse above authorization. I (we) give consent for the credentialed school nurse above authorization. I (we) give consent for the credentialed school nurse provider, and I (we) understand I (we) will be provided this is a service or accommodation is recognized by employees, or agents harmless from all liability, su	state laws and regulations. I (we) will: 1. if there is a change in child's health statuse immediately and provide new written dedentialed school nurse to communicate wed a copy of my child's completed Individual parties signing this form, and in so s	. provide the necessary supplies and as or attending authorized health-care consent/authorization for any changes in the with the authorized health-care provider when dualized Health-Care Plan (IHP). The fact that signing, agree to hold the District, its officers,
Parent/Guardian Signature:	Date:	
	INDIVIDUALIZED DIABETIC MANAGI	
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(YOU MAY USE THE CVUSD DIABETES MEDICAL MANAGEMENT PLAN OR YOUR OWN PHYSICIAN'S ORDER FORM)

## 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)