

Rosalina Rivera, Superintendent

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AUTHORIZATION FOR ANY MEDICATION TAKEN DURING SCHOOL HOURS

Valid only for the current school year.

Part 1: To be completed by Parent or Legal Guardian

Note: All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, and name of Physician.

I request that designated school personnel assist my child in taking this prescribed medication (including prescibed over-the-counter medication. I understand that my child may not have nor take medication at school unless all requirements are met. I hereby give consent for a School Nurse or District Administrator to communicate with my child's Physician and school personnel as needed with regard to this medication.

| <i>p</i> . | | d's Physician and so M / F | | · | |
|-------------------|---|-------------------------------|------------------|-----------------------------|--|
| Child's Name | · m · · · · · · · · · · · · · · · · · · | Sex | Birthdate | SS# | ID# |
| Name of School | | Grade | -60 | Teacher | Room# |
| I have read and u | | ons" printed below. | l will immediate | ely notify the school if th | nere are any changes in medications my |
| Date Parent/ | Guardian Signature | Home# | | Work# | Emergency # |

Please review the "Notice of Provision" California Education Code (CEC) Sections 49423, 49480 and California Administrative Code (CAC) Title 5, 18170, listed below.

California Education Code, Section 49423 - Administration of prescribed medication for pupil

Notwithstanding the provisions of Section 49422, 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 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 matters set forth in the physician's statement.

California Education Code, Section 49480 - Continuing medication regimen for non-episodic condition; required notice to school employees.

The parent or legal guardian of any public school pupil on a continuing medication regimen for a non-episodic condition shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervision physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.

California Administrative Code Title 5, 18170 - the agency shall follow these provision pertaining to medication.

- An assigned staff member shall administer medications prescribed by a physician for a child provided written parental consent has been given.
- 2. Record of medication dosages to the child and date and time medication is administered shall be maintained by the facility.
- 3. Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for health supervision. Each container shall carry the name of the medication, the name of the person for whom prescribed, the name of the prescribing physician and the physician's instructions. All centrally stored medications shall be labeled and maintained in compliance with State and Federal laws. Each person's medication shall be stored in its originally received container.
- 4. All mediations shall be centrally stored in an area which is totally inaccessible to children.
- ** Procedures under the Individualized Education Program (IEP), Individualized Health Program (IHP) or 504 Plan should not be addressed on this form. Please request form for Specialized Physical Health Care Services pursuant to California Education Code Section 49423.5.

(See reverse)

DELANO UNION SCHOOL DISTRICT

Office of Rosalina Rivera, Superintendent
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PHYSICIAN'S AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

California Education Code 49423 provides that pupils required to take, during regular school days, medications prescribed by a physician may be assisted by the school nurse, or other designated school personnel, if the school district receives specified written statements from such physician and the parents or guardian of the pupil.

AUTHORIZATION TO ASSIST IN ADMINISTRATION OF MEDICATION

| 1. Name of Pupil | DOB: School: |
|---|---|
| 2. Address: | Telephone: |
| 3. Physical Condition for which medi- | cation is to be given: |
| 4. Name of medication: | |
| 5. Method of administration: Tal | olets: Liquid: Inhaler: Other: Other: |
| 6. Dose: | Schedule of Doses: |
| 7. This medication is to be continu | red as above until: |
| 8. Precautions, possible reactions, | and interventions: |
| | |
| - If medicine is to be given "WHEN NE | |
| - If medicine is to be given "WHEN NE 10. For STINGING INSECT ALLER | EDED" describe indications: GY ONLY: If the following symptoms occur please check the appropriate. |
| - If medicine is to be given "WHEN NE 10. For STINGING INSECT ALLER a. Choking Hives Sk | GY ONLY: If the following symptoms occur please check the appropriate. sin Rash Swelling (eyes and lips) Loss of voice |
| - If medicine is to be given "WHEN NE 10. For STINGING INSECT ALLER a. Choking Hives Sk Breathing difficulty L | EDED" describe indications: GY ONLY: If the following symptoms occur please check the appropriate. tin Rash Swelling (eyes and lips) Loss of voice oss of Consciousness Other : |
| - If medicine is to be given "WHEN NE 10. For STINGING INSECT ALLER a. Choking Hives Sk Breathing difficulty L b. Check the appropriate box: E | EDED" describe indications: GY ONLY: If the following symptoms occur please check the appropriate. cin Rash Swelling (eyes and lips) Loss of voice oss of Consciousness Other : PI-Pen Jr. EPI-Pen (as directed) |
| - If medicine is to be given "WHEN NE 10. For STINGING INSECT ALLER a. Choking Hives Sk Breathing difficulty L b. Check the appropriate box: E c. Transport student to nearest Eme | EDED" describe indications: GY ONLY: If the following symptoms occur please check the appropriate. cin Rash Swelling (eyes and lips) Loss of voice oss of Consciousness Other : PI-Pen Jr. EPI-Pen (as directed) rgency Room. |
| - If medicine is to be given "WHEN NE 10. For STINGING INSECT ALLER a. Choking Hives Sk Breathing difficulty L b. Check the appropriate box: E | EDED" describe indications: GY ONLY: If the following symptoms occur please check the appropriate. cin Rash Swelling (eyes and lips) Loss of voice oss of Consciousness Other : PI-Pen Jr. EPI-Pen (as directed) rgency Room. |
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| - If medicine is to be given "WHEN NE 10. For STINGING INSECT ALLER a. Choking Hives Sk Breathing difficulty L b. Check the appropriate box: E c. Transport student to nearest Eme d. Is the child authorized to self- | EDED" describe indications: GY ONLY: If the following symptoms occur please check the appropriate. cin Rash Swelling (eyes and lips) Loss of voice oss of Consciousness Other : PI-Pen Jr. EPI-Pen (as directed) rgency Room. medicate: YES NO |

**School Staff: Notify school nurse immediately when question(s) 9 or 10 are completed for ASTHMATIC AND/OR STINGING INSECT ALLERGY student(s).