

CARMEL UNIFIED SCHOOL DISTRICT- HEALTH SERVICES

**AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL
(PRESCRIPTION OR OVER THE COUNTER)**

California Education Code 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for him/her 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/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement. *California Education Code 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.

**All medication orders will be automatically discontinued at the end of the school year, or at end the end of summer school, if needed.
New orders are required each school year.**

****AUTHORIZED HEALTH CARE PROVIDER USE ONLY****

TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER (California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants- California Code of Regulations, Title 5, section 601[a])

Students Name: _____ **DOB:** _____

Medication: _____ **Dose:** _____ **Reason/Diagnosis:** _____

Route: Oral Inhale Nasal Topical Intramuscular Subcutaneous Other _____

Medication Start Date: _____ **Stop Date:** _____

If DAILY, Time(s) to be given: _____

If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. **Other** _____

Others instructions or precautions-possible reactions: _____

Health Care Provider Signature: _____ **Provider License #:** _____

Health Care Provider Name (Print): _____ **Date:** _____

Address: _____ **Phone:** _____

City & Zip: _____ **Fax:** _____

School Contacts

Carmel River Elementary School- Melissa Anderson, LVN (831.624.4609)

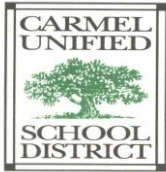
Tularcitos Elementary School- Ludmilla Nelson, LVN (831.620.8195)

Captain Cooper Elementary School- Carolyn Sinclair, Health Aide/ Debbie Taylor, RN (831.667.2452)

Carmel Middle School- Courtney Day, Health Aide/ Debbie Taylor, RN (831.624.2785)

Carmel High School- Kathy Lockwood, Health Aide/ Debbie Taylor, RN (831.624.1821)

Carmelo Child Development- Debbie Taylor, RN (831.624.8047)



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Parent Request – PARENT COMPLETES THIS PAGE

Request for school personnel to administer medication

Responsibility of the Parent or Guardian:

1. Parents/guardian shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medication at school will be minimized or eliminated.
2. Parents/guardian will assume full responsibility for the supply and transportation of all medications.
3. Parents/guardian may administer medication to their student on a scheduled basis arranged with the school. Students are not permitted to carry prescribed or over-the-counter medication on school campus.
4. Parents/guardians **MUST** pick up unused medications from the school office during and at the close of the school year. **Medication remaining after the last day will be discarded.**
5. Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed health care provider.
6. Each over-the-counter medication is to be in its original sealed container and prescribed for the student by a California licensed health care provider.

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

Student Name: _____ Date of Birth: _____
(Please Print)

Parent Request for School Administer 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 inhalers/epinephrine auto-injectors/diabetic supplies accompanied by appropriate physician instructions).

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

For **ALL MEDICATIONS KEPT IN THE SCHOOL HEALTH OFFICE** only: I hereby request that the staff of my student’s school administer medication to my student 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/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____ Phone: _____

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