



Authorization for Administration of Medication at School

Student Name: _____ DOB: _____ Grade: _____

Site/Program: _____ Teacher: _____

MEDICATION(S) WILL NOT BE ADMINISTERED WITHOUT THE REQUIRED SIGNATURES

In accordance with California Education Code section 49423, all students receiving medication at school require a medication authorization, which must be completed by a California-licensed physician or other healthcare provider who has the authority to prescribe medication in the state of California. The information requested on this form is necessary to comply with the law and to ensure adequate protection of the students.

PARENT TO COMPLETE

I authorize the school staff to administer the following medication(s) to my child as prescribed on this authorization and agree to release, indemnify and hold harmless Springs Charter Schools, its board member, officers, agents & employees from lawsuits, claims, demands, actions or expenses that may arise against them for administering medication as set forth in accordance with the with California law. I understand that medication may be administered by the school nurse or other designated trained unlicensed school personnel (Ed Co 49422-49429.5). I also authorize, as needed, the sharing of information related to my child's health on matters related to this medication, between the school nurse (or designee) and the health care provider listed below. I will comply with the procedures outlined on the back of this form regarding the administration of medication at school.

	Parents/Guardian Information:	Relationship:	Daytime Phone Number(s):
1.			
2.			

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN TO COMPLETE

This form is valid for school year _____ to _____

Diagnosis/Condition _____

Student may Self-Administer and Self-Carry (if applicable) Yes No NA *(if yes, complete page 2)*

I hereby instruct a designated school staff member to assist the above student in taking:

Medication	Dose	Method of Administration	Time to be given	Frequency

Physician/HCP Name (printed): _____ NPI: _____

Physician/HCP Signature: _____ License Number: _____ Date: _____



Authorization for Self-Administered Medication at School

Student Name: _____ DOB: _____ Grade: _____

Site/Program: _____ Teacher: _____

In order for your child to carry a self-administered medication, the following conditions must be understood and agreed upon by both the student and parent/guardian: The student may use the prescribed medication as needed and as directed by the healthcare provider (HCP). The HCP's signature confirms that the student has been properly instructed on its use. The medication must be clearly labeled with the student's name. **Both the Authorization for Administration of Medication form and this document** must be signed by the parent/guardian and kept on file at the school before the student is permitted to carry the medication.

NO DIRECT MONITORING will be conducted by the school staff for self-carry medications. The student is responsible for the safe handling and self-administration of medication. The student is responsible for notifying school staff if he/she self-administer any emergency medication (i.e., epinephrine). *****MD signature is a recommendation; however, the campus RN has the final decision to allow self-carry medications.**

Parents are responsible for promptly notifying the school of any changes to their child's health status, healthcare provider (HCP), or prescribed medications. Any change in medical procedures must be submitted in writing by the treating HCP. The district is not responsible for risks associated with improper handling of medication, including overuse, incorrect administration, breakage, theft, loss, sharing, misuse, or careless storage. If a student engages in behaviors that increase safety risks to themselves or others, the current protocol may be re-evaluated.

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I authorize my child to carry the prescribed medication and release the school district and staff from liability for any adverse reaction resulting from self-administration during school hours..

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY THE STUDENT

I have been instructed in the proper use of my medication and will take it as prescribed. I understand that misuse may lead to disciplinary action by my School/District.

Student's Signature: _____ Date: _____

PHYSICIAN TO COMPLETE

The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the medication at school. The student has been instructed in proper medication use and is able to self-administer responsibly, understanding its purpose, method, and frequency.

Medication	Dose	Method of Administration	Time to be given	Frequency

Physician/HCP Name (printed): _____ NPI: _____

Physician/HCP Signature: _____ License Number: _____ Date: _____

The procedure covering prescription and non-prescription medication will be executed under the following conditions:

1. Only medications prescribed by the student's health care provider listed on this form may be brought to school. Written parental permission is also required. This applies to over-the-counter medications as well.
2. The student shall take the medication directly per the provider's instructions listed in this authorization. **All sections of this form must be completed, including parent and physician signatures.**
3. Medication brought to school will be given to the student according to the provisions listed on this form. The prescription or manufacturer's container must be clearly labeled with:
 - The name of the student
 - The name of the prescribing provider
 - The pharmacy that dispensed the medication or the manufacturer
 - The strength of the medicines and the amount to be given (dose)
 - The method of administration (oral, inhaled, topical, etc.)
 - The specific time and/or particular situations in which the medication is given
 - The frequency of when the medication should be given
 - Parents may want to ask the pharmacist for "school packaging" – a specific container labeled just for the school time dose
4. Parents/guardians must provide all materials or necessary equipment for medication administration.
5. An adult must bring the medication to the school and pick up any outdated or unused medicines.
6. All medications will be kept secure. Any special instructions for storage or security measures must be written by the provider and given to school personnel. Students carrying and administering their own medications must have written authorization from their prescriber and parent/guardian.
7. A new medication authorization form must be completed for any dose, time, or method change. It will be valid for the current year or until a discontinuing date listed by the prescribing individual.
8. The only items not needing a prescription or doctor's orders are: lotion, chapstick, and sunscreen.
9. **Please pick up all unused medication from the office on your student's last school day.** The school cannot store medicines over the summer. Although a reasonable attempt to contact the parent/guardian will be made regarding unclaimed medication(s), after the last day of school, any unclaimed medication will be destroyed.

References:

California Education Code Section: 49423 Medication at School; 49480 Continuing Medication Business and Professions Code: 2725 Verbal Orders; Definition of a Physician; Definition of a lawful prescription; 4051 Restrictions on furnishing medications without prescription; Cal. Code Regs. Tit. 5, § 600Authorization.