

# Request for Administration of Medication By School Personnel

Any student who is required to take prescription or over-the-counter medication may be assisted by a school nurse or other designated school personnel. This accommodation is provided only when the schedule of medication would otherwise require the student to remain home, when medication is needed for emergency situations, or for specific health reasons.

All medication (either prescription or over-the-counter) taken at school, must be provided to the school in the original container from the pharmacist, complete with the physician's directions on the container detailing the method, amount, and time schedule by which the medication is to be taken. *If the dosage is changed it must indicate so in writing on the medication form and on the prescription label.* The parent/guardian must provide an appropriate dosage measuring device, especially for liquid medication.

All information requested below is necessary if school personnel are to assist a student with medication during school hours:

1. Student's Full Name: \_\_\_\_\_
2. School: \_\_\_\_\_
3. Medication Name: \_\_\_\_\_
4. Diagnosis: \_\_\_\_\_
5. Prescription Number: \_\_\_\_\_ Dosage: \_\_\_\_\_
6. Name of Pharmacy Filling Prescription: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Name of Physician Prescribing Medication: \_\_\_\_\_ Phone: \_\_\_\_\_
8. Time(s) of Day Medication is to be Administered: \_\_\_\_\_
9. Anticipated Reactions, if any, to Medication: \_\_\_\_\_

My signature below verifies that:

1. I am the parent/guardian or health care provider of the student named hereon;
2. I have fully read, understand and signed the *Parent/Guardian Notice on Medications at School* on the back side of this form;
3. The medication I am providing is in the original container from the pharmacist, complete with physician's directions on the container;
4. I agree to hold Grace Valley Christian Academy and its staff harmless from any and all liability resulting from assisting the student with medication in the manner directed.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Fax #

# PARENT/GUARIDAN NOTICE ON MEDICATIONS AT SCHOOL

Grace Valley Christian Academy is willing to make all reasonable accommodations, including assistance with required medications, to allow students to attend school regularly and participate in the educational process. All the information requested in the attached documents is required by California state law.

In addition, the following information may be helpful to parents/guardians:

The required written statement authorizing a medication to be administered in California schools shall be provided by an authorized health care provider who is licensed by the State of California to prescribe medication (*CCR, Title 5, Section 601 [a]*). Authorized health care providers include the following persons:

- a. California-licensed physicians and surgeons (*BPC Section 2051*).
- b. California-licensed dentists (*BPC Section 1625*), optometrists (*BPC Section 3041*), and podiatrists (*BPC Section 2472*).
- c. California-licensed nurse practitioners (*BPC Section 2746.51*).
- d. California-licensed physician assistants (*BPC Section 3502.1*).

Authorization for medications to be administered in California schools that are written by health care providers not licensed in the State of California shall be authorized by a physician and surgeon licensed in the State of California (*BPC Section 2052*).

Changes in medication authorization that generate a new written statement include the following circumstances:

- a. Changes in medication dose, time, and method of administration.
- b. Change in medication.
- c. Change in California authorized health care provider.
- d. Discontinuance of medication administration.

California state law does not permit parents/guardians either to order medications that are made available to students at school or to make changes to authorized health care provider's orders.

A parent/guardian may rescind permission to assist with medications at school.

All medication orders must be updated at least annually with new written authorizations.

I have fully read and understand the contents of this notice and do hereby sign below in acknowledgement thereof:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name