

**SOUTH PASADENA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES**

**ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS
THIS REQUEST EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR**

Student's Name: _____ Birthdate: _____

Parent phone: _____ Student ID# _____ Grade: _____

School: _____

TO THE PHYSICIAN: Please complete and sign this form if medication prescribed for a school-aged child must be given during school hours to prevent serious physical or behavioral problems. It is a request and guide to authorized school personnel in assisting the student with the medication(s).

Diagnosis or purpose of medication: _____

MEDICATION	STRENGTH	DOSAGE	TIME SCHEDULE	ROUTE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special instructions, precautions, or possible side effects: _____

Length of time medication is to be taken: School year Other: _____

Name of physician Signature of Physician Date

MD Address: _____ Phone: _____

For EpiPens, asthma inhalers, and emergency medications: If the health care provider has trained the student to self-administer this medication, and both parent and physician certify that the student is capable of and authorized to carry this medication on his/her person and self-administer it without adult supervision, please sign in this section: **(MD and parent must both certify/sign)** _____

.....
TO THE PARENT OR GUARDIAN: The prescribed medication must be delivered to the school health office in the original pharmacy container by the parent or guardian.

PLEASE SIGN THE FOLLOWING STATEMENT: *I request that the school assist my child in taking the prescribed medication as directed above, and in accordance with the District policy. (BP 5141.21)*

Name of Parent or Guardian

Signature

Date

**SOUTH PASADENA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES**

ADMINISTRATION OF MEDICATION IN SCHOOL

The following principles and procedures will be followed when a parent requests that a student be permitted to take medication at school.

1. The administration of medication to students shall be done only in exceptional circumstance where the child's health may be jeopardized without it and only when such administration has been requested and approved by the student's parents and physician.
2. Only medication prescribed by the student's physician as being necessary to be taken by the student in the manner listed on this form should be brought to school.
3. All medications for students must be kept secure at the administrative or health office. Students may not carry medication on their person or keep it in their lockers or backpacks unless requested in writing by the physician.
4. A written statement shall be required of:
 - a. The family physician, who shall indicate the necessity for the medication being given to the student during school hours, and the method, amount and schedules for medication.
 - b. The parent, who shall request and authorize the designated school personnel to give the medication in the dosage so prescribed by the physician.
5. Form letter to parents and physicians are designed to facilitate these procedures and are to be completed on an annual basis.
6. Under no circumstances are school personnel to provide/administer over the counter medication to students without first obtaining written consent from the parent and physician.
7. At the end of the school year, parents must claim any medication remaining at the school or it will be disposed of by the school health official.

LEGAL REFERENCE

EDUCATION CODE

49423 Administration of prescribed medication for pupil

49480 Notice to school by parent or guardian; consultation with physician