Kern High School District
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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 medication, dosage, method of administration, and the name of the physician.

I request that designated school personnel assist my child in taking this prescribed medication (including prescribed 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.

Student's Name _____ Gender _____ Date of Birth _____ SID # _____

Name of School _____ Grade _____

I have read and understand the "Notice of Provision" printed below. I will **immediately** notify the school if there are any changes in medications my child is taking at school.

Date _____ Parent/Guardian Signature _____ Home Phone _____ Work Phone _____ Emergency Phone _____

Please review the "Notice of Provisions" California Education Code Sections 49423, 49480 and California Code of Regulations 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 them 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 scheduled 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; require 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 supervising 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 Code of Regulations Title 5, 18170 – The agency shall follow these provisions pertaining to medication

1. An assigned staff member shall administer medications prescribed by a physician for a child written parental consent has been given.
2. Record of medication dosages to the child and the 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, 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 it's originally received container.

No medications shall be transferred between containers. The agency shall be responsible for assuring that a record of centrally, stored prescription medications for each person in care includes: Name of the person for whom prescribed, the drug name, strength and quantity, the date filled, the prescription number and name of issuing pharmacy.

4. All medications 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 the 504 Plan should not be addressed on this form. Please request form for Specialized Health Care Services pursuant to California Education Code Section 49423.5 ***

Part 2: To be completed by the Physician

The child named below is under my care. It is necessary for him or her to receive the following medications during school hours.

Name of child _____

Diagnosis for which medication is prescribed _____

Name of medication (one medication per form) _____

Dosage (Be specific, i.e., milligrams, etc.) _____

Time of day to be given _____ **Frequency if "as needed"** _____

If "as needed" describe indications and sequence orders _____

_____

Method of administration: (check appropriate)

ORAL: ☐ Liquid ☐ Tablet ☐ Inhaler

DROPS: ☐ Eye Rt / Lt ☐ Ear Rt / Lt ☐ Nostril Rt / Lt

☐ Topical ☐ Other _____

Precautions, reactions or side effects _____

For Severe Allergy: If the following symptoms occur (check appropriate):

☐ choking ☐ hives ☐ skin rash ☐ swelling (eyes and lips) ☐ loss of voice ☐ breathing difficulty

☐ loss of consciousness ☐ other _____

Use: (check appropriate) ☐ Epi-Pen Junior ☐ Epi-Pen ☐ Transport student to nearest emergency room

Storage and Handling:

☐ Routine storage and handling, medication in locked storage and administered by authorized school personnel

☐ 72 hour disaster supply only

☐ Refrigeration

If Medically Necessary:

☐ Child to carry, school personnel to administer

☐ Child trained to carry and self-administer (medicate)

Additional special instructions/interventions _____

_____

_____

_____ _____ _____

Physician (Printed Name) Date Signature

_____ _____ _____

Office Address Office Phone Office Fax