



RED HILL LUTHERAN CHURCH & SCHOOL

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SCHOOL ADMINISTERED MEDICATION AUTHORIZATION AND RELEASE

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent/guardian and an authorized health care provider. An authorized health care provider is an individual who is licensed by the State of California to prescribe medication. Medications, both prescription and over the counter, may be given at school when it is deemed absolutely necessary by the authorized health care provider that the medication be given during school hours. The parent/guardian is urged, with the help of your child's authorized health care provider, to work out a schedule of giving medication at home whenever possible.

California Education Code, Section 49423 allows school personnel to assist in carrying out an authorized health care provider's written orders. Designated non-medical school personnel will be assisting with your child's medication. Medication will be safely stored and locked or refrigerated, if required.

Inhalers may be carried by the student when recommended by an authorized health care provider and parent. Back up medication should be kept at school for emergency use. Students who have a serious medical condition (diabetes, epilepsy, etc.) should have an emergency supply of their prescription medication at school with the appropriate consent forms in the event of a disaster.

IF MEDICATION IS TO BE ADMINISTERED AT SCHOOL, ALL OF THE FOLLOWING CONDITIONS MUST BE MET:

- A written statement signed by the licensed authorized health care provider/dentist specifying the reason for the medication, the name, dosage, time, route, side effect; and specific instructions for emergency treatment must be on file at school.
- A signed request from the parents/guardian must be on file at school.
- Medication must be delivered to the school by the parent/guardian or other responsible adult.
- Medication must be in your child's original, labeled pharmacy container written in English.
- All liquid medication must be accompanied by an appropriate measuring device.
- If pill splitting is required to obtain the correct dose of medication to be administered, only pills that are scored may be split, scored pills may be split in half only, and a commercial pill splitting device should be provided/used for correct splitting.
- Over the counter medication that has been prescribed by an authorized health care provider must be in its original container.
- A separate form is required for each medication.

NOTE: Whenever there is a change in medication, dosage or time the parent/guardian and authorized health care provider must complete a new form. Please discuss your authorized health care provider's instructions with your child, so that he/she is aware of the time medication is due at school.

*This request is valid for a maximum of one year
Please complete and sign page 2*

SCHOOL ADMINISTERED MEDICATION AUTHORIZATION AND RELEASE (Page 2)

Child's Name: _____ Date of Birth: _____

Teacher/Grade: _____

We are forbidden by law to administer ANY medicine without the written consent of a parent/guardian and physician instruction for distribution & signature. Any medicine to be given to students must be in the original prescription container and have the student's name and instructions clearly marked by the pharmacist or doctor. *Please send only the required amount to be given at school to the School Office.* A separate form is required for each medication. It is the parent's responsibility to pick up the unused medicine. All expired medication will be disposed of by school.

Please complete this form and have it with the medication to be dispensed to your child.

Prescription Medication: Medication must be in original prescription container with student name and instructions clearly marked by pharmacist or doctor.

Over-the-Counter Medication: Original Label and Medication Container

All Below Information Required for All Medicine

Physician's Signature (required) _____ Date _____

Medication to be administered: _____

Dose: _____ Time: _____

Reason for Medication: _____

Possible Medication Reactions: _____

Special Instructions: _____

Date to Discontinue Medication: _____

I hereby release any member of the Red Hill Lutheran School Staff or Faculty who administers the medication from any responsibility.

Parent/Guardian's Signature _____ Date _____

Office Staff Initials & Date:

Form/Medication Received

Entered in Ren Web

Filed in Cumulative