

**CORONA-NORCO UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL**

Date: _____

Student Name D.O.B. Grade/Teacher Student #

**EDUCATION CODE AUTHORIZATION
EDUCATION CODE 49423**

Any pupil who is required to take, during the regular school day, medication prescribed for him/her 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 schedules by which such medication is to be taken and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

I agree to hold **Corona-Norco Unified School District**, its officers or employees harmless from all liability or claims that might arise out of these arrangements. I understand that the physician will be contacted as needed for any necessary clarification.

Parent/Guardian Signature Home Phone# Cell Phone# Date

**PHYSICIAN AUTHORIZATION
(All blanks must be completed by physician)**

ONE MEDICINE PER FORM

Name of Medicine:	Health Condition for which medicine Rx:	
_____	_____	
Time(s) to be taken:	Dosage (mg.):	
_____	_____	
Method of administration:	Precaution – Possible reactions:	
_____	_____	
Date to be discontinued:	Physician's Telephone Number:	
_____	_____	
Name of Physician (Please print):	Physician's Signature:	Date:
_____	_____	_____

Please return this form to your child's school office signed by the physician and parent/guardian. **NO MEDICATION (RX OR OVER-THE-COUNTER) WILL BE ADMINISTERED WITHOUT THESE REQUIRED SIGNATURES. PLEASE SEE RESPONSIBILITIES ON REVERSE SIDE.**

If this emergency medication is to be carried and self-administered by the student, both the physician and the parent must agree, check and initial here:		
<u> Yes </u> _____ / _____	Physician	Parent/Guardian
<u> No </u> _____ / _____	Physician	Parent/Guardian
School Nurse has final approval for self-administering and/or carrying medication by student at school.		
Per California Education code Sections 49423 and 49423.1, Students can carry only auto-injectable epinephrine or inhaled asthma rescue medication as emergency medications.		

ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

A. GENERAL PROCEDURE

- No student shall be given medication during school hours except upon written request from a California licensed physician/health care provider who has the responsibility for the medical management of the student. All such requests must be signed by the physician and by the parent or guardian.
- A new form is required for each prescription change and at the beginning of each school year or annually.

B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

- Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
- Parents/guardians will assume full responsibility for the supply and transportation of all medications.
- Parents/guardians may administer medication to their child on a scheduled basis arranged with the school. Students are not permitted to carry over-the-counter medication on a school campus. However, a physician AND a parent may authorize a student to carry his/her prescribed emergency medication (auto-injectable epinephrine or inhaled asthma rescue medication), if necessary, with appropriate documentation.
- Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.

C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT OR GUARDIAN

- A request form for prescribed medication must be completed by the pupil's physician, signed by the physician and by the parent or guardian, and filed with the school administrator or his designated representative.
- The container must be clearly labeled by the physician or pharmacy with the following information:
 - A. Student's name
 - B. Physician's name
 - C. Name of medication
 - D. Dosage, schedule (specific to school) and dose form
 - E. Date of prescription expiration
- Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed health care provider.

D. RESPONSIBILITY OF SCHOOL PERSONNEL

- The school administrator will assume responsibility for placing medications in a locked cabinet.
- School staff member will **assist** and **observe** the student in taking medication according to the physician's instructions. The date and time each medication is given will be recorded on the Medication Record form by the staff member assisting the student in taking medication. The staff member may consult the school nurse if any problems or concerns regarding medication occur.
- School staff members may not administer any medication at times other than those specified on the authorized form.