



**Parent/Guardian and Physician Request for Medication · 2021-2022**  
*(Please Print)*

Name of Student: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Parent Request For The Administration Of Medication · Prescription and Non-Prescription**

California Education Code, Section, 49423, allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school, to maintain, or improve his/her potential for education and learning.

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Duration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Teacher & Room #: \_\_\_\_\_ Grade: \_\_\_\_\_

I request that medication be administered to my child, \_\_\_\_\_, in accordance with our physician's instructions. *(Please see physician request for administration of prescription and non prescription medication below.)* I understand that designated school personnel will administer the medication. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Medication must be in the student's original, labeled pharmacy container.

***You may request two containers from your physician, one for school and one for home.***

**Physician Request For Administration Of Prescription and Non Prescription Medication**

Diagnosis / Reason for Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

Possible reactions: (possible serious reactions with this medication, i.e., allergic reaction, localized/general, etc.)

Date to Discontinue Medication: \_\_\_\_\_

Instructions for emergency care: \_\_\_\_\_

Disposition of pupil following administration of medication. **Circle one:**

*Rest · Home · Doctor's Office · Hospital · Return to Class*

The above medication cannot be scheduled for other than during the school hours and this medication may be administered by non-medical school personnel.

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

***(Office Stamp Must Be Present)***

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Request: \_\_\_\_\_



**CALVARY**  
CHRISTIAN SCHOOL

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## **PARENT NOTIFICATION FOR THE ADMINISTRATION OF MEDICINE AT SCHOOL**

To The Parent/Guardian:

The purpose of allowing medication to be given to students by authorized school personnel is to help provide for student general welfare by following instructions of the student's physician.

California Education Code, Section 49423, allows school personnel to assist in carrying out a physician's recommendations. Designated non-medical school personnel may be administering your child's medication. Medication will be safely stored and locked or refrigerated if required.

Administration of medication during school hours by school personnel will be permitted if the student would not be able to attend school otherwise. Medication will be administered under the following conditions:

1. **A parent release and physician's request for administration of medication is on file with the student's school.** Forms are available in the school office.
2. **A new parent release and physician's request for administration of medication must be submitted:**
  - a) **At the beginning of each school year**
  - b) **For each medication to be kept at school**
  - c) **When medication orders are renewed**
  - d) **When medication and/or dosage changes**
3. Medication must be delivered to the school office by the parent/guardian or other responsible adult in the child's original labeled pharmacy container with:
  - a) Student's name
  - b) Name of the prescribing physician
  - c) Identification number and name of medication
  - d) Dosage to be given at specific time or in specific situations
  - e) An appropriate measuring device must accompany all liquid medication

We recommend that any student who has a serious medical condition (diabetes, epilepsy, serious food allergies, asthma, etc.) have an emergency supply of their prescription medication at school with the appropriate consent forms in case of disaster.

**If a student brings medication of any kind to school without the necessary form on file in the school office, the following practices will be adhered to:**

- a) **The school personnel will report the student found to have any medication on campus to the administration.**
- b) **No school personnel will permit this medication to be taken.**
- c) **The parent and/or guardian will be called to come to school to give the medication to the student or it will be kept in the school office until taken home at the end of the day.**
- d) **If the student is unable to function adequately without the medication, it may be necessary to exclude the student from school for that period of time.**

**NOTE:** Please discuss your physician's instructions with your child, so that he/she is aware of the time medication should be taken at school.

With consent of the parent(s) or legal guardian(s) of the student, the school may communicate with the physician and may counsel with school personnel regarding possible effects of the drug on the student's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose.