Salinas Union High School District

ORDER FOR ADMINISTRATION OF MEDICATION AT SCHOOL

In accordance with California Education Code section 49423, this form must be completed by an authorized California healthcare provider and be on file for any student who requires medication(s) during the regular school day.

Name	DOB	ID #	School

TO BE COMPLETED BY AN AUTHORIZED CALIFORNIA HEALTH CARE PROVIDER:

(California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants - California Code of Regulations, Title 5, section 601[a])

A. **Nature of condition** requiring medication during the regular school day: _____

B.

Name of Medication	Method of Administration	Dosage	Amount	Time to be given	Frequency

C. **Comments / guidelines regarding this medication** (***Required if PRN dosing***)

D. **Discontinue** medication on (date): _____

E. **I understand that under the training and supervision of a Credentialed School Nurse,** an unlicensed volunteer school employee who has agreed to administer the medication may routinely be administering this medication *(authorized licensed healthcare provider initials: _____).*

F. ***Student is authorized to carry, and is able to self-administer*** *prescription medication for* ***asthma*** *or* ***diabetes,*** *or to* ***carry, and self-administer*** *auto-injectable* ***epinephrine*** *independently (authorized licensed healthcare provider initials: _____).*

Authorized Healthcare Provider Name (print)	Signature	Date

License number	Phone Number	Fax Number

PARENTAL AUTHORIZATION

I authorize the Credentialed School Nurse or other licensed healthcare provider (RN, LVN) designated by the responsible administrator, to administer the medication as directed by the authorized health care provider. I understand that the School Nurse has my permission to communicate with the prescribing licensed health care provider on matters related to this medication.

Parent/Guardian Name (print)	Signature	Daytime Phone Number	Date

Reviewed by Credentialed School Nurse (print)	Signature	Date

ADDITIONAL REQUIREMENTS

1. Medication WILL NOT be given until this form is completed and on file in the school health office. A new form for each medication must be completed and on file for each school year.
2. A parent/guardian must bring the medication to the school and pick up any outdated, unused or for home use medication.
3. All prescription medication must be in a container labeled by a pharmacist or prescribing physician, and any over-the-counter medication will come in a new sealed container
4. Parents/Guardians must provide all materials or necessary equipment for medication administration.
5. A copy of this Medication Order must be presented to the School Nurse, School Administrator, or trained unlicensed volunteer school staff member.
6. A copy of this Medication Order must be kept with the student's medication as well as in the student's health file.
7. Changes in prescribed dose and/or other details of this medication's administration must be provided to the School Nurse, School Administrator or trained unlicensed volunteer school staff member, in writing, by the prescribing physician and parent/guardian.
8. All medication not picked up by a parent/guardian on the last day of school will be discarded in accordance with district policy.

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Authorized Healthcare Provider Name (print)	Signature	Date

License number	Phone Number	Fax Number

AUTORIZACIÓN DE LOS PADRES

Yo autorizo al Enfermero/a Escolar Acreditado/a u otro proveedor de atención médica certificado (RN, LVN) designado por el administrador responsable, de administrar el medicamento como ordenado por el proveedor de atención médica autorizado. Entiendo que el Enfermero/a Escolar tiene mi permiso de comunicarse con el proveedor de atención médica certificado que prescribe la receta en asuntos relacionados con este medicamento.

Nombre de Padre/Madre/Tutor (letra de molde)	Firma	Teléfono de día	Fecha

Revisado por Enfermero Escolar Acreditado (letra de molde)	Firma	Fecha

REQUISITOS ADICIONALES

1. El medicamento no SERÁ dado hasta que esta forma sea completada y archivada en la oficina de salud de la escuela. Una nueva forma para cada medicamento debe ser completada y archivada cada año escolar.
2. El padre/madre/tutor debe traer el medicamento a la escuela y recoger el medicamento pasado de fecha, sin usar o para usar en la casa.
3. Todo el medicamento recetado debe estar en un recipiente etiquetado o marcado por el farmacéutico o el médico que prescribe, y cualquier medicamento sin receta médica vendrá en un nuevo recipiente sellado.
4. Los padres/tutores deben proporcionar todos los suministros o el equipo necesario para la administración de medicación.
5. Una copia de esta Orden de Medicamento debe ser presentada al Enfermero/a Escolar, Administrador Escolar, o miembro voluntario escolar entrenado sin licencia.
6. Una copia de esta Orden de Medicamento debe ser guardada con el medicamento del estudiante así como en el archivo de salud del estudiante.
7. Los cambios de la dosis prescrita y/u otros detalles de la administración de este medicamento deben ser proporcionados al Enfermero/a Escolar, Administrador Escolar o miembro voluntario escolar entrenado sin licencia, por escrito, por el médico que prescribe la receta y el padre/madre/tutor.
8. Todo el medicamento no recogido por un padre/madre/tutor en el último día de escuela será desechado de acuerdo con los reglamentos de distrito.