



**NEVADA JOINT UNION HIGH SCHOOL DISTRICT
 MEDICATION REQUIRED AT SCHOOL
 PARENT/PHYSICIAN RELEASE**

Student Name: _____ **DOB:** _____ **Student ID:** _____

LEGAL PROVISIONS GOVERNING THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

California Ed. Code, Section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for them by a health care provider [physician (M.D./D.O.), nurse practitioner or physician's assistant] may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such health care provider, detailing the method, amount, and time schedules by which 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 health care provider's statement.

POLICY GOVERNING THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

- (1) Medication (including over the counter medication) cannot be administered by school personnel unless there are completed Medication Required at School forms on file in the school office.
- (2) The medication must be delivered to the school by the parent/guardian or adult parent designee
- (3) The medication must be sent to school in the prescription bottle that indicates the name of the student, health care provider's name, medication, dose, route, and time to administer (over the counter medication must be in the original container).
- (4) Medication cannot be kept on student's person without the written consent of the parent, physician and school
- (5) A new Medication Required at School form is required each school year or if there is a change in the health care provider's order

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Name of Medication	Dose	Route	Time(s)/Frequency	Indication
1. _____	_____	_____	_____	_____
Possible Side Effects: _____				
2. _____	_____	_____	_____	_____
Possible Side Effects: _____				

Self-Administration: (the physician, parent and school must all agree that the student may carry a medication)

- Student may carry and self-administer the above listed medications while **on field trips** with the exception of: _____
- Student has been instructed in self-administration and may carry inhaler: **YES / NO (Circle one)**
- Student has been instructed in self-administration and may carry Epinephrine auto-injector: **YES / NO (Circle one)**

_____ **Date:** _____
Health Care Provider Signature

_____ **Phone:** _____
Health Care Provider Name/Address (Please Print)

_____ **Name of Supervising Physician if form is completed by a Physician's Assistant** _____ **Phone Number of Supervising Physician**

PARENT REQUEST AND AUTHORIZATION: I request that the school nurse or designated unlicensed school personnel assist my child with medication as ordered by the health care provider. I acknowledge that I understand how district employees will administer the medication or otherwise assist the student in its administration. The school district and its employees are not responsible for the results of this medication should any undue reaction occur. To the extent the health care provider has recommended my child self-administer a medication, I consent to the self-administration and release the school district and school personnel from civil liability if the student suffers an adverse reaction as a result of self-administering the medication. I give my consent for the school nurse to communicate with the health care provider and to counsel with school staff regarding my student's treatment plan. I understand that it is my responsibility to ensure that the medication is delivered to the school in a proper container by an individual legally authorized to be in possession of the medication, and to provide all necessary supplies and equipment. I understand I may submit a written statement to withdraw my consent for administration of medication at school at any time.

_____ **DATE:** _____
Parent/Guardian Signature

_____ **Parent/ Guardian Phone Numbers**

**ALL MEDICATIONS ARE KEPT IN THE HEALTH OFFICE AND ARE
 AVAILABLE FROM 8 AM- 4 PM** Rev. 3/22/2019

RETURN TO: Bear River Health Office
 11130 Magnolia Road, Grass Valley, CA. 95949
 Phone: 530-268- 3700 x 4809
 Fax: 530- 268-1360