

Forest Charter School CONSENT FOR MEDICATION AT SCHOOL

FAX TO SCHOOL OF ATTENDANCE

School of Attendance: Forest Charter School FAX: 530-265-5037 Phone: 530-265-4823

By completing this form both parent and health care provider agree that the listed medication <u>cannot</u> be given at home and *must* be given during school hours. This form must be *completed by both a health care provider and parent*.

(Form for Both Prescription and Non-Prescription Medication)

TO BE COMPLETED BY HEALTH CARE PROVIDER	
Name of Pupil:	Birthdate:
Medication (one per sheet):	Student may self-administer: Yes No
Exact Dosage, Time, and Method of Administration: In	nclude instructions if student is to self-administer and carry
Physical condition for which drug is to be given:	
Possible reactions or situations that need to be reported to	o the physician/health care provider:
Any further instructions:	
Authorization and Signature of California Licensed Physician / Health Care Provider	
Signature:	Phone:
Address:	
Date of request:	Continue until (date):
PARENT CONSENT:	
· -	appropriate. I understand that in writing I can rescind inderstand that I am to provide the school in writing any
Authorization and Signature of Parent/Guardian & C	Contact number Date
School Nurse:	Contact number:

HEALTH SERVICES

School law allows school personnel to assist students required to take medication during school hours. The following code governs:

Education Code Section 49423. Administration of Prescribed Medication for Pupil. Any student who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district received (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 or guardian of the student indicating the desire that the school district assist the student in the matters set forth in the physician's statement.

- I. Consent signed by parent and health care provider must be on file at school.
 - a. Consent must be renewed yearly.
 - b. A new consent is necessary each and every time medication is changed.
 - c. This consent applies to both prescription and non-prescription medications including: over-the-counter products like cough drops, pain relievers, Benadryl, or any topical cream.
 - d. To avoid errors: Only one medication should be written per sheet.
 - e. Further instructions should include follow-up directions for emergency medications and/or allergic reactions. Only certain emergency medication may be carried by the student.
- II. All school medications must be brought to school in the original pharmacy filled container. The directions on the container must reflect the same information that is written on the "Consent for Medication at School" form including:
 - a. Name of child
 - b. Name of medication
 - c. Dosage to be given
 - d. Times to be given

III. To Avoid Mistakes:

- a. Parents must bring medications to and from school. Never send medications to school or back home with a child on the school bus!!!
- b. The *school cannot accept a telephone or verbal order* (either from the parent or the M.D.) for giving medications or making a change in medications.
- c. The *school cannot give medications with vague directions* such as "one yellow pill" or "two blue pills." *Medication orders must be clear, specific, and in writing*.
- d. Medications need to be counted or measured at the school site by a parent or guardian with a school employee, logged on a medication record, and initialed by both parties.