

School Site: _____

School Year: ____ - ____



Authorization to Administer Medication at School

Student Name: _____ DOB: _____

-----TO BE COMPLETED BY AUTHORIZED CALIFORNIA HEALTH CARE PROVIDER-----

CALIFORNIA CODE OF REGULATIONS TITLE 5, SECTION 601(A)

Medication	Diagnosis/Reason	Time	Dose	Route	Rescue Med
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Check this box if insulin and or glucagon is included on the list; an Emergency Action Plan and Diabetes Management Plan are needed.

Note to Health Care Providers: Prescription medications (especially controlled substances), and over-the-counter medications MAY NOT be self-carried/administered by students UNLESS they are rescue inhalers or auto-injectable epinephrine. All other prescription and nonprescription medications are kept in a secure location during school hours where the District School Nurse or other designated non-medical school personnel may assist students who require medication during the school day (California Education Code Section 49423-49423.1).

Health Care Provider's Self Carry/Administer Clearance:

It is my professional opinion that this student should be permitted to carry/self-administer the emergency medication (rescue inhaler/epi-pen). This student has been instructed in, and demonstrates an understanding of proper usage.

Health Care Provider Initials: _____

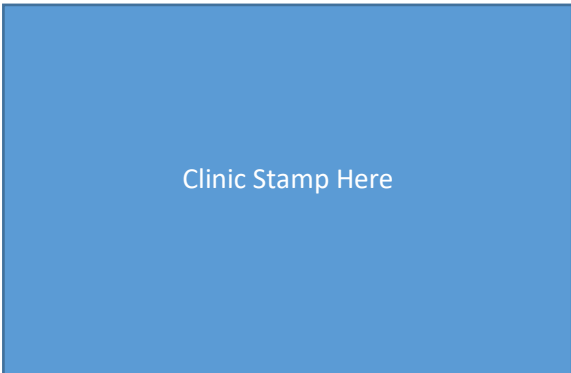
Emergency Action Plan Attached:

Asthma Allergy Diabetes Seizure

Physician's Signature: _____

Physician's Name (please print): _____

Telephone: _____ Fax: _____



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STUDENT CONTRACT TO SELF-CARRY EMERGENCY MEDICATION(S):

I will be responsible for carrying, administering, and keeping safe at all times my emergency medication(s). I will use the medication in the way my health care provider prescribed, and educated me. I will not show or share my medication with students. I will notify the appropriate staff or administrator if I need assistance. I will immediately report to staff or administration if my medication is missing or stolen.

(Student Signature)

(Date)

(Parent Signature if under 18)

(Date)

**PARENT/LEGAL GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION
(PRESCRIPTION AND NONPRESCRIPTION)**

Parent/Legal Guardian Agreement, Consent, and Release of Liability

By signing below, I acknowledge that I am the parent/guardian of the student named above and agree to the following statements regarding the Authorization to Administer Medication to my child at School:

1. I authorize the Health Aide, District Nurse or other non-medical personnel designated by the principal, may assist my student with medication* as directed by their physician. (Ed Code Sec 494923 and 49480)
2. I agree to deliver the medication* in its original container. Medication issued from the pharmacy must come in the original container labeled with the child’s name, medication, dosage and directions. (Ed Code Sec 49423)
3. I understand my child MAY NOT self-carry medication(s) (prescription or over-the-counter) unless:
 - a. It is one of the two Emergency Rescue medications (rescue inhaler or epi-pen)
 - b. Has been approved by their physician to do so
 - c. We have the submitted Emergency Action Plan documents
4. I agree to, and do hereby hold JUHSD and its employees harmless for all claims, demands, causes of action, and liability or loss of any sort.
5. I hereby give consent to the District Nurse to communicate with my child’s physician on matters related to the medication(s) listed.
6. I agree to submit a new Authorization to Administer Medication at School yearly or if there are changes to my child’s prescription during the year.

(Parent/Guardian Signature)

(Date)



MEDICATION PROCEDURE

Education Code 49423: Notwithstanding the provisions of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for a student by a physician, may be assisted by the District School Nurse or other non-medical personnel designated by the principal if the school district receives:

1. **A written statement* from such physician detailing the method, amount, and time by which such medication is to be taken and**
2. **A written statement* from the parent or guardian of pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.**

****A completed Authorization to Administer Medication at School form fulfills this requirement. The form maybe found on your school site's website, JUHSD website, and at your school site's office.***

The following procedure was developed to handle the administration of medication in the safest possible manner. **ALL MEDICATIONS** come under these regulations, both **prescription** and **over-the-counter (OTC)** medications, i.e., toothache-earache-headache remedies, and topical ointments as defined by the California Education Code 49422-49423.

1. The permission form, Authorization to Administer Medication in School, is given to parent.
2. The Authorization to Administer Medication in School is valid for 1 school year, due at the beginning of the school year.
 - a. Any changes made to a prescription medication **requires** a new Authorization to Administer Medication form.
3. All medication **MUST** be in the **ORIGINAL** prescription container.
 - a. For a prescribed medication: pharmacy label including date dispensed, physician's name, student's name, medication name, instructions for administering medication, and expiration date.
 - b. For an over-the-counter medication: original manufacture container
4. Medication is to be brought to the school office by the parent, and given to the Health Aide or Vice Principal (in absence of the Health Aide).
5. Medication will be kept in a locked (secure) container in the Health Aide's Office until it is time to be given.
6. When student requires medication, the student must come to the Health Aides' Office to take the medication:
 - a. Health Aide or other non-medical personnel designated by the principal will assist the student in accessing their medication.
 - b. Student will present Student ID to Health Aide other non-medical personnel designated by the principal; wherein, staff will compare ID with medication information to confirm it is the proper student.
 - c. Health Aide or other non-medical personnel designated by the principal will observe the student remove prescribed dose, and take the medication.
 - d. Health Aide or other non-medical personnel designated by the principal, will observe student placing medication container back into the secure location, and re-secure it.
 - e. Health Aide or other non-medical personnel designated by the principal, will record the time, date, dose that the student took.
 - f. Both the **STUDENT** and the Health Aide or other non-medical personnel designated by the principal will initial.
7. A parent/guardian has the option to come to school to give the medication to his/her child.
8. Students of JUHSD may **ONLY** "self-carry" the following Emergency Rescue Medications:
 - a. Asthma rescue inhaler
 - b. Epi-Pen
 - c. Glucagon

- d. Diastat (or other emergency seizure medication)
9. In order for student's to be able to "self-carry" while on campus the following documents must be on hand:
 - a. Medication Administration Authorization fill *Adopted from SMUHSD, SDUHSD, and SMOCE; Revised 6/2018*
 - b. Parent/Guardian release
 - c. Emergency Action Plan
 - d. Student Agreement
 10. Health Aide will alert parent/guardian when supply is getting low (or expired), and will send empty prescription container(s) home.
 11. Parents, and doctor must notify Health Aide regarding any changes in medication administration required during school hours. When changes are made, a NEW Authorization to Administer Medication needs to be completed, along with any additional doctor's orders, and Emergency Action Plans. (They will be reviewed by the Health Aide(s) and District School Nurse).
 12. ALL physician's orders/ physician's authorizations to administer medication at school must be processed by the site Health Aide OR Vice Principal OR District School Nurse before the medication may be given/taken.
 13. Please contact the District School Nurse with any questions or concerns (650-550-7864).

The following procedure was adapted to support students who require medication during school hours.

National Association of School Nurses. (2003). Position statement: Medication administration in the school setting. <http://www.nasn.org/positions/medication.htm>.

Schwab, N.C. and Gelfman, M.H.B., (2001). Legal Issues in School Health, Sun River Press, North Branch, MN: Sunrise River Press, 205.

California Business and Professions Code (Nursing Practice Act (NPA)) Sections 2725 and 2727 and the California Education Code.

NPA Section 2727(a) states that parents and other relatives or close friends may administer medication, which defined as "gratuitous nursing".

NPA Section 2727(d) states that a district not having a school nurse does not qualify as a "public disaster".

EC Section 49414

EC Section 49414.5

EC Section 49414.7 is an optional law that was signed by Governor Brown October 7, 2011 and went into effect January 1, 2012—SB 61(Huff).

EC Section 49423 provides that unlicensed school personnel may assist with medication administration; BPC 2725(b)(2) and the CCR, Title 5, Section 604 authorize specified persons to administer insulin in California public schools pursuant to a Section 504 Plan or an IEP.

California Code of Regulations Title V, Article 4.1: Administering Medication to Students or Otherwise Assisting Students in the Administration of Medication During the Regular School Day. <http://www.cde.ca.gov/ls/he/hn/documents/medadvisory.pdf>

Medication may be administered at school by the school nurse, other duly qualified supervisors of health, site administrator or designee as allowed by law, the parent or guardian of their designee as allowed by law or LEA policy, a contracted licensed health care professional whose licensure permits administration of medication, or by the student under specified conditions. Unlicensed school personnel designated by the site administrator administer medication if: a. The licensed staff member is willing to perform medication administration; b. The unlicensed school staff members trained and determined to be capable and competent to be able to safely and accurately administer the medication by a licensed health care professional, who is legally authorized to provide such training and determine competence; c. The unlicensed staff member performing medication administration is supervised by the licensed health care professional who provided the training, and the supervision, review, and monitoring of the medication administration is documented.