



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
Old Orchard Drive, Danville, California 94526
Educational Services
(925) 552-5500 • FAX (925) 743-3902

Parent/Guardian Information
Administration of Medication at School

If your child is under the care of a physician and must take medication during the school day for a specific medical diagnosis or condition, please read the information below. This information pertains to both prescription and over-the-counter (OTC) medication.

The district's school nurses serve several schools and are not available on a daily basis to administer medication. As a result, nonmedical staff on the campus will most often perform this function. Consequently, you are encouraged, with the help of your physician, to work out a schedule to give medication outside school hours.

If your child must take medication at school, please note:

- This Medication at School form must be completed each year and kept on file in the school office. Annual updates are required by law.
- Student may not possess any medication (prescription and/or OTC) at school, walking to and from school, or on a school bus (exceptions are inhaled asthma medication and EPI PENS, as authorized by the physician on this form).
- Medication must be brought to school by a parent or adult representative in the original pharmacy container.
- Over-the-counter drugs must also have a Medication at School form on file.
- All medications shall be kept in the office, classroom if deemed necessary, or carried by the student ONLY if it is an emergency medication such as an asthma inhaler or Epipen AND parent and medical authorization is on file (see section III on the back side of this form).
- With any dosage or prescription change and at the start of each school year, a new Medication at School form must be completed.
- At the end of the school year or when a medication expires, a parent or adult representative must pick up unused medication.
- All medication will be discarded if not picked up at the appropriate time.
- A student may be subject to disciplinary action for the misuse of any medication.

These requirements are provided by law: Educational Code 49423 & 49423.1

49423 and 49423.1. (a) Any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician, may be assisted by the school nurse or other designated school personnel.

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine or inhaled asthma medication, the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and confirming that the pupil is able to self-administer auto-injectable epinephrine or inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil, consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability.

(3) The written statements shall be provided at least annually and more frequently if there are any changes to the medication, dosage, or frequency of administration.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900, if that pupil uses auto-injectable epinephrine or inhaled asthma medication in a manner other than as prescribed.

For further information or assistance, contact your school or the health educator/school nurse assigned to your school.

MEDICATION AT SCHOOL

DISTRIBUTION:

White Bond – Original to be filed in cum

ES:HLTH:11207

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Student: _____ **Address:** _____

Date of Birth: _____ **School:** _____ **Grade:** _____ **Teacher:** _____

THE PARENT OR ADULT REPRESENTATIVE MUST BRING ALL MEDICATIONS TO SCHOOL IN THE ORIGINAL CONTAINER. A physician and the parent/guardian must complete and sign this form before any medication can be administered at school. To carry either an asthma inhaler or emergency medication (i.e. Epipen), part III must be completed by the doctor, parent and child.

I. To be completed by the physician or authorized prescriber:

Diagnosis: _____

Name of medication: _____

Form of medication: Tablet/capsule Liquid Inhaler Injection Nebulizer other: _____

Special storage requirements: none Refrigerate

Administration Instructions: Dose: _____; Frequency: _____ Time: _____

Restrictions and/or important side effects:

- Yes. Please describe: _____
 None anticipated

Name of Physician: _____ Signature: _____

Address: _____ Phone: _____ Date: _____

II. To be completed by parent/guardian:

I give permission for (name of student) _____
to receive the above medication at school/camp according to the school policy and California Ed Code

Date: _____ Signature: _____ Relationship: _____

III. Permission to carry asthma inhalers/epinephrine auto injectors (i.e. epipens) part I and II must be completed

To be completed by the physician: The above named student has been instructed in the proper use of his/her asthma inhaler or epinephrine auto injectors. The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler and/or Epipen at school. He/she understands the purpose, appropriate method, and frequency of use of the asthma inhaler and/or Epipen.

Medication: Epinephrine Auto Injector/Epipen Asthma Inhaler: _____

Physician's signature: _____ Date: _____

To be completed by the parent/guardian: I permit my child to carry the above-listed asthma inhaler and/or Epipen as ordered by his/her physician.

Parent/guardian signature: _____ Date: _____

To be completed by student: I have been instructed in the proper use of my medication and will take it as prescribed my physician.

Student's signature: _____ Date: _____