



Irvine Unified School District
Health Services (949) 936-7920



Parent/Guardian and Physician Request for Medication

Student Name Birthdate School & Year Grade

Address Telephone Teacher

PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION
PRESCRIPTION AND NON-PRESCRIPTION

California Education Code Section, 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day.

I request that medication be administered to my child, _____ in accordance with our physician's written instructions. I understand that designated school personnel will administer medication under supervision of a qualified School Nurse.

Parent/Guardian Signature Date

Work Telephone Home Telephone

Emergency medicine such as EpiPen or inhalers may be carried by the student when authorized by a physician, parent, and school nurse. A second EpiPen or inhaler should be kept at school for emergency use.

All medication must be in the student's original, labeled pharmacy container. The directions for administration on the school container must be in English. You may request additional containers from your pharmacist, one for school and one for home, if needed.

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

Diagnosis/Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

If PRN: Amount of time between doses _____ Maximum number of doses per school day _____

Possible reactions: (possible serious reactions with this medication i.e., allergic reaction, localized/general, etc.)

Instructions for emergency care: _____

The above medication cannot be scheduled for other than during school hours and this medication may be administered by non-medical school personnel under the supervision of a qualified School Nurse.

Physician Signature: _____

Telephone: _____

Date of Request: _____

Date to Discontinue Medication: _____



Office Stamp

EMERGENCY MEDICATION SUCH AS INHALER/EPI-PEN MAY BE CARRIED BY STUDENT. _____

Physician's Signature

THIS REQUEST IS VALID FOR THE CURRENT SCHOOL YEAR

SCHOOL USE ONLY:

Nurse: _____ Date: _____

Administrator: _____ Date: _____



**PARENT NOTIFICATION FOR THE
ADMINISTRATION OF MEDICINE AT SCHOOL**

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent(s) and family physician. Medications, both **prescription and over the counter**, are rarely given at school; the only exceptions involve special or serious problems where it is deemed absolutely necessary by the physician that the medication be given during school hours. ***The parent is urged, with the help of your child's physician, to work out a schedule of giving medication at home, outside school hours whenever possible.***

California Education Code, Section 49423 allows school personnel to assist in carrying out a physician's recommendations. Designated non-medical school personnel may be administering your child's medication. They will be trained and supervised by qualified School Nurses. Medication will be safely stored and locked, or refrigerated if required.

Emergency medicines such as Epi Pens or inhalers may be carried by the student ***when authorized by the physician, parent, and school nurse.*** A second Epi Pen or inhaler may be kept at school for emergency use. Students who have a serious medical condition (diabetes, epilepsy, etc.), should have an emergency supply of their prescription medication at school with the appropriate consent forms in case of disaster.

IF MEDICATION IS TO BE ADMINISTERED AT SCHOOL, ALL OF THE FOLLOWING CONDITIONS MUST BE MET:

1. **A written statement signed by the licensed physician/dentist** specifying the condition for which the medication is to be given, the name, dosage, time, route, side effects, and specific instructions for emergency treatment must be on file at school.
2. **A signed request from the parent/guardian must be on file at school.**
3. Medication must be **delivered to the school by the parent/guardian** or other responsible adult.
4. Medication must be in your child's original, **labeled pharmacy container written in English.**
5. All **liquid medication** must be accompanied by an **appropriate measuring device.**
6. Any tablets requiring partial doses (1/2 or 1/4) **must be cut at home/pharmacy.**
7. **A separate form is required for each medication.**

NOTE: Please discuss your physician's instructions with your child, so that s/he is aware of the time medication is due at school.

This request is valid for the current school year. Whenever there is a change in medication, dose, time, route or prescribing physician, the parent(s) and physician must complete a new form.