

**Nevada County Schools \*\*\*\* ADD YOUR SCHOOL LOGO AND NAME  
CONSENT FOR MEDICATION AT SCHOOL**

***FAX TO SCHOOL OF ATTENDANCE***

School of Attendance \_\_\_\_\_ School Fax: \_\_\_\_\_

By completing this form both the parent and health care provider agree that the listed medication cannot 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)**

<b>TO BE COMPLETED BY HEALTH CARE PROVIDER:</b>	
Name of Pupil: _____	Birthdate: _____
Medication (one per sheet): _____	Student may self-administer <input type="checkbox"/> Yes <input type="checkbox"/> No
Exact Dosage, Time, and Method of Administration: <i>Include instructions if student is to self-administer and carry</i>	
Physical condition for which drug is to be given: _____	
Possible reactions or situations that need to be reported to the physician/health care provider: _____	
Any further instructions: _____	
<b>Authorization and Signature of California Licensed Physician / Health Care Provider</b>	
Signature: _____	Phone: _____
Address: _____	Date of request: _____ Continue until: _____ (date)

**PARENT CONSENT:**

I request that my student \_\_\_\_\_ be assisted with taking the above medication at school. I understand that the medication may be given by school personnel other than the school nurse. I have read the Education Code Section 49423 and school rules listed on the reverse side. I give my consent for the school nurse to communicate with the prescribing Physician/Health Care Provider and to counsel school personnel regarding the above named pupil and this medication as appropriate. I understand that in writing I can rescind consent for administration of medication at any time. I understand that I am to provide the school in writing any changes in my student's medication, health status, or authorized health care provider.

\_\_\_\_\_  
**Authorization and Signature of Parent/Guardian and 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:
  1. Name of child
  2. Name of medication
  3. Dosage to be given
  4. Times to be given
  
- III. **To Avoid Mistakes:**
  1. **Parents must bring medications to and from school. Never send medications to school or back home with a child on the school bus!!!**
  2. 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.
  3. 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.**
  4. 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.