

MIRAMONTE SCHOOL

Parental Consent & Physician Instructions for School-Assisted Medication Administration (For those medications required during school hours)

Dear Parents/Guardians:

Policy and Procedures Regarding Students Taking Medication at Miramonte School.

If students need to take prescription or non-prescription medication during school hours parents may either come to school and administer the medication to their children or school personnel may administer the medication provided that this form, "Parent Consent & Physician Instructions for School Assisted Medication Administration, Required During School Hours" has been completed by the parent/guardian and the Authorized Healthcare Provider. (This is necessary for both prescription and non-prescription drugs.)

Once the form has been completed it should be brought to the school office along with the medication. Prescription medication information must be on the label; student's name, doctor's name, name of medication, dosage, time schedule medication is to be given, and date medication was prescribed. Non-prescription medication (like Tylenol, Advil, Aspirin, Sudafed cough drops or decongestants) may be administered during school hours only when accompanied by the written instructions of the treating physician and the signed consent of a parent or guardian.

Medication should be picked up by the parent at the end of the school year or it will be discarded. Medication will not be sent home with students. The authorization form must be renewed on a yearly basis.

This form must be completed before any medication (*prescribed or over the counter*) is to be administered at the school site.

Signature of both physician and parent are required. This form must be renewed annually or with any change in medication.

Student Name: _____ **Date of Birth:** _____

California Education Code section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school receives (1) 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 pupil indicating the desire that the school assist the pupil in the matters set forth in the physician's statement.

All areas must be completed in their entirety by the physician if it is necessary for medication to be given during school hours.

Reason for Administration/Diagnosis: _____	Date patient examined: _____
Medication prescribed: _____	Dosage: _____ Maximum Dosage: _____
Time: _____	Time intervals if given as needed: _____ Method: _____
<i>If given as needed, specify signs/symptoms indicating need for medication:</i> _____	
<i>Other special instructions if above as needed medication is not effective:</i> _____	
Medication administered until the date of: _____	
Possible side effects/adverse reactions that require medical intervention: _____	
Special storage instructions (i.e., refrigeration), if applicable: _____	
Physician Signature: _____	Date: _____
Physician Name: _____	Phone: () _____
Address: _____	City: _____ Zip: _____

Parent/Guardian Signature: _____ Day phone: _____ Date: _____