



**SALIDA UNION SCHOOL DISTRICT**  
**4801 Sisk Rd., Salida, CA 95368**

**REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER**

<u>Medication 1</u>	<u>Medication 2</u>
Medication name: _____	Medication name: _____
Reason for Medication: _____	Reason for Medication: _____
Dose: _____	Dose: _____
Method of Administration: _____	Method of Administration: _____
Time of Administration: _____	Time of Administration: _____
<b>Start:</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Other Date: _____ <b>Stop:</b> <input type="checkbox"/> End of Year <input type="checkbox"/> Other Date/Duration _____	<b>Start:</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Other Date: _____ <b>Stop:</b> <input type="checkbox"/> End of Year <input type="checkbox"/> Other Date/Duration _____
<input type="checkbox"/> For Episodic/emergency events only Restrictions and/or important side effects <input type="checkbox"/> None anticipated <input type="checkbox"/> Yes, Please describe: _____	<input type="checkbox"/> For Episodic/emergency events only Restrictions and/or important side effects <input type="checkbox"/> None anticipated <input type="checkbox"/> Yes, Please describe: _____
Special Storage Requirements: <input type="checkbox"/> Refrigerate <input type="checkbox"/> None	Special Storage Requirements: <input type="checkbox"/> Refrigerate <input type="checkbox"/> None

Health Care  
 Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone# \_\_\_\_\_ Address: \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN**

**PARENTAL CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL**

Parent(s)/guardian(s) of \_\_\_\_\_, request that medicine be administered by the school nurse or a member of the school staff if the school nurse is not available. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel. I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its pharmacy-labeled container. I understand that this medication will be destroyed if it is not claimed within one week following the termination of the physician's authorization or one week beyond the end of the school year.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Day Time Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

**California Code of Regulations, Title 5. Education**  
**Article 4.1. Administering Medication to Pupils or Otherwise Assisting**  
**Pupils in the Administration of Medication During the Regular School Day**

**§600. Authorization**

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

- (a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.
- (b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

**CEC.49423.** (as) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).

(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, method 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 auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon 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, 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 the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers adverse reaction as a result of self-administering medication pursuant to the paragraph.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

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

Section 49423.1 is added to the Education Code, to read:

**CEC.49423.1** (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician or surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(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 from the physician and surgeon 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 requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon 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 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 if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses inhaled asthma medication in a manner other than prescribed.

Sec. 2. This act shall become operative only if Senate Bill 1912 of the 2003-04 Regular Session is enacted and becomes effective on or before January 5, 2005.



# SALIDA UNION SCHOOL DISTRICT

4801 Sisk Rd., Salida, CA 95368 \* (209) 545-0339

## PHYSICIAN REQUEST FOR SELF-ADMINISTRATION OF MEDICATION AT SCHOOL

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

### TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

<u>Medication 1</u>	<u>Medication 2</u>
Medication name: _____	Medication name: _____
Reason for medication: _____	Reason for medication: _____
Dose: _____	Dose: _____
Method of administration: _____	Method of administration: _____
Time of administration: _____	Time of administration: _____
Start: <input type="checkbox"/> Immediate <input type="checkbox"/> Other date: _____	Start: <input type="checkbox"/> Immediate <input type="checkbox"/> Other date: _____
Stop: <input type="checkbox"/> Immediate <input type="checkbox"/> Other date: _____	Stop: <input type="checkbox"/> Immediate <input type="checkbox"/> Other date: _____
<input type="checkbox"/> For episodic/emergency events only	<input type="checkbox"/> For episodic/emergency events only
Restrictions and/or important side effects	Restrictions and/or important side effects
<input type="checkbox"/> None anticipated	<input type="checkbox"/> None anticipated
<input type="checkbox"/> Yes, please describe: _____	<input type="checkbox"/> Yes, please describe: _____
Special Storage Requirements:	Special Storage Requirements:
<input type="checkbox"/> Refrigerate <input type="checkbox"/> None	<input type="checkbox"/> Refrigerate <input type="checkbox"/> None
<b><u>This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication</u></b>	<b><u>This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication</u></b>
<input type="checkbox"/> Yes – Supervised <input type="checkbox"/> Yes – Unsupervised <input type="checkbox"/> No	<input type="checkbox"/> Yes – Supervised <input type="checkbox"/> Yes – Unsupervised <input type="checkbox"/> No
Please indicate any additional information	Please indicate any additional information
This student may carry medication:	This student may carry medication:
<input type="checkbox"/> Yes <input type="checkbox"/> Yes No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes No
Please indicate any additional information	Please indicate any additional information

Health Care  
Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

The school nurse or other authorized school personnel will administer the medication at school, unless other wise indicated by the health care provider

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- (a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.
- (b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

**CEC.49423.** (as) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).

(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, method 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 auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon 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, 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 the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers adverse reaction as a result of self-administering medication pursuant to the paragraph.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

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

Section 49423.1 is added to the Education Code, to read:

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