



P.O. Box 213030
 Stockton, CA 95213-9030
 (209) 468-5940

PRESCRIBED MEDICATIONS ADMINISTERED IN SCHOOL

 *Student's Last Name, First Name

 *Date of Birth

 *School/Academy/Teacher of Record/Grade

 *Allergies

**PARENTAL CONSENT FOR ASSISTANCE WITH MEDICATION ADMINISTERED BY SCHOOL PERSONNEL
 TO BE COMPLETED BY PARENT OR GUARDIAN**

Parent or Guardian Consent: I request Venture Academy Family of Schools (VAFs) school nurse or other unlicensed designated school personnel to assist my child by administering the medication as prescribed below by the physician. My signature confirms that this medication is required to be given during the school day as it is an emergency medication, given for specific health reasons, and/or otherwise would require my child to remain home. My signature on this form gives VAFs permission to speak to my child's physician about the medical condition(s) treated by the medication(s) listed below. **I acknowledge this prescription is valid for one year (Ed Code § 49423).**

I understand that it is my responsibility: *California Education Code #33308.5, 49400 and 49423 (CA Dept. of Education Program Advisory on Medication Administration, May, 2005)*

- To have my child's physician complete this form and acknowledge that it must be returned to the school nurse with the medication before any medication can be given.
- Ensure the medication is in the original container with a pharmacy label that includes my child's name, prescribing physician's name, date, diagnosis, medication name, dosage, time(s), and special directions for use. Over-the-counter medication must be in original, unopened container with my child's name on it. Parent/Guardian must provide all medication, related equipment, and supplies to administer it. Students may not transport medication, only parents/guardians may do so, with the exception of students who are allowed to carry their medication on their person at all times. Parent/Guardian must also pick up discontinued medication and/or at end of school year. Failure to do so will result in the disposal of abandoned medications according to state and local laws.
- To notify the school nurse of any changes in medication, dosage, frequency, time(s), reason for administration, health status change, or healthcare provider. Parent/Guardian must provide written documentation of these changes, which must include a new order form, parent written consent, and updated pharmacy label/container.
- Provide written notification of request to discontinue a medication. Any request to re-start medication will require a new written authorization from physician and parent.
- I, on behalf of myself, my child, our heirs, executors, and assigns, hereby agree to hold harmless, release, and covenant not to sue the San Joaquin County Office of Education (Venture Academy), its officers, employees, and agents, for any and all liability, claim, or cause, of action of any nature whatsoever, including but not limited to personal injury or death from missed or refused doses or by side effects resulting from the medication(s), which may result from the district's assistance to administer the medication or from my child's self-administration of medication.

 * Parent/Guardian Signature * Parent/Guardian Printed Name *Date *Phone Number

*I hereby consent and acknowledge that my child may safely self-administer the following medications independently. Yes No

**PHYSICIAN'S WRITTEN AUTHORIZATION
 TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER**

Physician's Consent: Dear Doctor, per California Education Code #33308.5, 49400 and 49423, we need the following information to authorize the nurse and/or other unlicensed designated school personnel to dispense prescribed medication at school, including over the counter medications:

*Medication is required to be given during the school day? Yes No

*This child may self-administer the following medications? Yes No

This order to remain in effect for one year, until orders change, or until: End of School Year

	Medication	Dose	Time	Route	*Diagnosis	S/S for PRN Med	Possible Side Effects
School Medication #1							
School Medication #2							
School Medication #3							

 *Physician's Printed Name *NPI Number *Address *City/State/Zip *Phone

 *Physician's Signature **(NP must include furnishing#; PA must include supervising physician information)* *Date

***REQUIRED INFORMATION:** *Failure to complete all areas will delay implementation of orders until all information is received in writing. Any change in medication, dosage, or time must be authorized in writing by the physician and given to school personnel (school nurse).*

NOTICE TO PARENT(S)/GUARDIAN(S): Parent(s)/Guardian(s) have the legal right to come to the school to administer medication to their child as they deem necessary. However, if you want your child to take **ANY KIND** of medicine on school grounds (including over the counter non-prescription drugs like Tylenol, Benadryl, vitamins, Tums, or cough drops), by California law you are required to complete these steps [*California Education Code #33308.5, 49400 and 49423 (CA Dept. of Education Program Advisory on Medication Administration, May, 2005)*]:

STEP 1: Take this form to your Health Care Provider.

STEP 2: Your Health Care Provider must complete form(s) **COMPLETELY AND CORRECTLY**.

STEP 3: Check the label on the medicine and the form the Health Care Provider fills in. The name of the medicine, strength of the medicine, dosage, schedule, and child's name all must match what is written on the forms. We cannot assist to administer medication if the label on the medicine does not match the physician's statement on the form. **The Health Care Provider must sign all forms.**

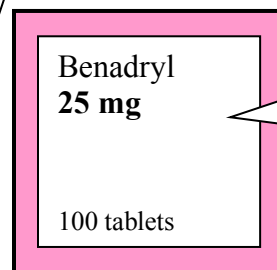
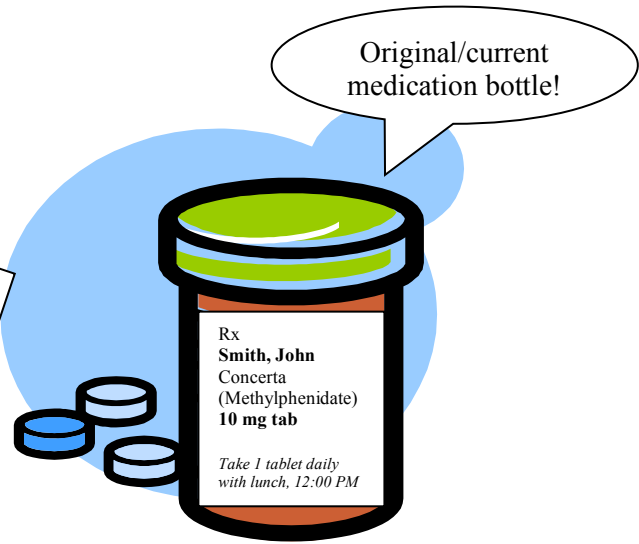
STEP 4: **The parent/guardian must sign all forms and give them to the School Nurse at the Main School Office Room #19 WITH the child's medication and supplies required to fulfill the request.** It is preferred that the medication and request to assist with medication administration prescription are delivered in a ziploc bag labeled with the child's name and a picture of the child.

STEP 5: **It is the responsibility of the parent to dispose of all empty medication containers. The parent must also pick up all medications at the end of each school year or they will be disposed of according to state and local ordinances. Medications will not be held over the summer for the following school year. If your child will require medications during summer school, notify the school nurse as soon as possible.**

PLEASE ONLY SEND MEDICINE THAT YOUR CHILD ABSOLUTELY NEEDS TO HAVE ADMINISTERED DURING REGULAR SCHOOL HOURS.

Example:

Medication 1	
Health condition: <u>ADHD</u>	
Medication name: <u>Concerta (Methylphenidate)</u>	
Dose (# mg, ml, of puffs, etc.): <u>1 Tab. 10 mg</u>	
Duration (s) of Administration: <u>With Lunch, 12:00 PM</u>	
Medication 2	
Health condition: <u>Seasonal allergies to dust, pollen, and trees</u>	
Medication name: <u>Benadryl (Diphenhydramine)</u>	
Dose (# mg, ml, of puffs, etc.): <u>1 tablet, 25 mg</u>	
Duration(s) of Administration: <u>As needed for sneezing, runny nose, red/watery/itchy eyes, congestion.</u>	
<i>This order to remain in effect for one year, until orders change, or until: <u>8/6/2019</u></i>	
Doctor's signature: <u>Tom Jones, M.D.</u>	
Date: <u>6/1/2018</u>	MD Office Stamp
Parent's signature: <u>Alice Smith</u>	
Date: <u>6/1/2018</u>	



* Reviewed by: Printed Name (School Nurse/Personnel)	* Reviewer Signature	*Date
<input type="checkbox"/> Student's photo attached to his/her medication(s)		