

**AUTHORIZATION FOR MEDICATION ADMINISTRATION
AT SCHOOLS WITHIN THE COUNTY OF RIVERSIDE**

Name of Student	Date of Birth	Grade	School
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Education code 49423 Authorizes 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 designated personnel if the school district receives (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/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

I request the prescribed medication be administered to my student and agree to hold Romoland School District, its officers or employees, harmless from all liability or claims which may arise out of these arrangements.

I give my permission to contact the physician for consultation or clarification as needed.

Parent/Guardian Signature Phone Number Date

**PHYSICIAN AUTHORIZATION
(ONE MEDICATION PER FORM)**

Name of Medication	Condition for which Medication Prescribed
Time(s) to be taken	Dosage
Method of Administration	Precautions-possible untoward reactions
Date to be discontinued	Physician Telephone Number
Physician Name	Physician Signature Date

Please return this form to your child's school health office.
NO MEDICATION WILL BE ADMINISTERED WITHOUT THESE REQUIRED SIGNATURES.

ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

A. GENERAL POLICY

1. No student shall be given medication during school hours except upon written request from a licensed physician/healthcare provider who had the responsibility for the medical management of the student. All such requests **MUST** be signed by the parent or guardian.
2. A new form is required for each prescription change and at the beginning of each school year.

B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

1. Parents/guardians are encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medications.
3. Parents/guardians may administer medication to their child on a scheduled basis arranged with the school. Students **ARE NOT PERMITTED** to carry prescribed or over-the-counter medication on a school campus.
4. Parents/guardians **MUST** pickup unused medications from the school office during and at the close of the school year. **MEDICATIONS REMAINING AFTER THE LAST SCHOOL DAY WILL BE DISCARDED.**

C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT OR GUARDIAN

1. A request form for prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school administrator or his designated representative.
2. The container **MUST** be clearly labeled by the physician or pharmacy with the following information:
 - a. Student's name
 - b. Physician's name
 - c. Name of Medication
 - d. Dosage, schedule (specific to school) and dose form
 - e. Date of expiration of prescription

D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. School administrator will assume responsibility for securing medications in a locked container.
2. Students will be **ASSISTED** in taking medications according the physician's instructions and the procedure observed by a school staff member.

**AUTORIZACION PARA LA ADMINISTRACION EN LAS ESCUELAS DENTRO DEL
CONDADO DE RIVERSIDE**

Nombre del Alumno	Fecha de nacimiento	Grado	Escuela
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Education code 49423 authorizes 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 personnel if the school district receives (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/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set for in the physician's statement.

El Código Educativo 49423 autoriza que cualquier alumno al cual se le requiere que tome un medicamento recetado por un medico durante el día escolar puede recibir ayuda de la enfermera escolar u otro personal designado si el distrito recibe (1) una declaración escrita del medico detallando el método, cantidad, y horario en el cual se debe tomar tal medicamento y (2) una declaración escrita del padre o tutor del alumno indicando el deseo que el distrito escolar ayude al alumno en el asunto de la declaración del medico.

Pido que se le administre el medicamento recetado a mi hijo y mantengo libre de culpabilidad o reclamación al Distrito Escolar Romoland , sus funcionarios o empleados que puedan surgir de estos arreglos. Doy mi permiso para comunicar con el medico para consulta si sea necesario.

Firma del padre o tutor **Teléfono** **Fecha**

**PHYSICIAN AUTHORIZATION
ONE MEDICATION PER FORM**

Name of Medication	Health Condition for which medicine RX	
Time(s) to be taken	Dosage	
Method of Administration	Precautions-possible untoward reactions	
Date to be discontinued	Physician Telephone Number	
Physician Name	Physician Signature	Date

Por Favor devuelva este formulario a la escuela de su hijo.
NO SE ADMINISTARA NINGUN MEDICAMENTO SIN ESTAS FIRMAS REQUERDAS.

ADMINISTRACION DE MEDICAMENTO DURANT LAS HORAS DE CLASE

A. POLITICA GENERAL

1. A ningún alumno se le dará medicamento durante las horas escolares sin petición escrito de un medico/proveedor de servicios médicos licenciado que tenga la responsabilidad del manejo medico del alumno. Tales peticiones necesitan ser firmados por el padre o tutor.
2. Se requiere un nuevo formulario para cada cambio de receta y al principio de cad ano escolar.

B. RESPONSABILIDAD DEL PADRE O TUTOR

1. Los padres o tutores necesitan cooperar con el medico para desarrollar un horario par que la necesidad de tomar medicamentos en la escuela sea reducida al mínimo o eliminado.
2. Los padres o tutores tendrán toda la responsabilidad para la provisión y transportación de todos los medicamentos.
3. Los padres o tutores pueden administrar medicamento a su hijo en un horario fijo arreglado con la escuela. No se le permite a los alumnos tener en su posesión medicamentos recetados o vendidos sin receta cuando están en un plantel escolar.
4. Los padres o tutores pueden recoger medicamentos no usados de la oficina escolar durante y al final del ano escolar. Los medicamentos dejados después del último día de clases serán desechado.

C. RESPONSABILIDAD DEL MEDICO Y DEL PADRE O TUTOR

1. La solicitud para un medicamento recetado tiene que ser completado por el medico del alumno, firmado por el padre o tutor, y registrado con el administrador escolar o su representante designado.
2. El frasco tiene que ser marcado por el medico o farmacia con la información a continuación:
 - a. Nombre del alumno
 - b. Nombre del medico
 - c. Nombre del medicamento

D. RESPONSABILIDAD DEL PERSONAL ESCOLAR

1. El administrador escolar o personal designado asumirá la responsabilidad de poner los Medicamentos en un armario cerrado con llave.
2. Se ayudara a los alumnos a tomar sus medicamentos según las instrucciones del medico y el procedimiento Serra observado por un miembro del personal escolar