

Clark Intermediate 902 5th St. Clovis, CA 93612 Phone: (559) 327-1577 and Fax: (559) 327-1556

AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL

Revised 4/22

| California Education Code 48423 defines certain requirements for administration of medicaton 'my pupil who is required to take, during the graduar school ourse of other designated school personnel if the school district receives (1) a written statement from the perror or guarding to thurse of other designated school personnel is to be taken, and (2) a written statement from the perror or guarding of the public during the desire that the school district assist the public in the matter set forth in the physician statement." CUSD Board Policy No. 2401 does not allow students to administer person state administer in person particulations is accompanel with written permission as stated above. Additionally, CUSD Administrative Regulation No. 2401 indicates that school personnel are prohibited from administering any over-the-counter or prescription medications incuding, assignine, vitamina, and ministering any over-the-counter or prescription medications incuding, assignine, vitamina, and ministering any over-the-counter or prescription medications incuding, assignine, vitamina, and ministering any over-the-counter or prescription medications incuding, assignine, vitamina, and the person of the per | Name of Student | Date of Birth | Grade | School Clark | Date | |
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| Name of Student | Date of Birth | Grade | School | Date |
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****PARENT/GUARDIAN COMPLETES THIS PAGE****

Parent Request For Assistance with Medication at School

Responsibility of the Parent or Guardian

- 1. Parents/guardians shall be 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 school campus.
- 4. Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.
- 5. Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed health care provider.
- 6. Each over-the-counter medication is to be in its original sealed container and prescribed for the student by a California licensed health care provider.

The parent or guardian must complete this page before any medication (prescription or over-the-counter) can be given, or taken, at school. <u>This form must be renewed at the beginning of each school year or with any change in medication.</u>

Parent Request for School Assistance with Medication

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student (with the exception of medications accompanied by appropriate physician instructions).

All medication orders will be automatically discontinued at the end of the school year-summer school. New orders are required each school year.

A. For MEDICATIONS KEPT IN THE SCHOOL HEALTH OFFICE only: I hereby request that the staff of my child's school assist in giving medication to my child during school hours as stated in the physician instructions. I also give permission to contact the physician for consultation and exchange of information as needed.

| Signature of parent | Date: | Phone |
|---------------------|-------|---------|
| or guardian: | | Number: |

B. For Medication SELF CARRY only: I hereby request that my student carry and self-administer his/her medication as ordered by his/her physician. I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication. I also give permission to contact the physician for consultation and exchange of information as needed.

| Signature of Parent | Date: | Phone |
|---------------------|-------|---------|
| or Guardian: | | Number: |
| | | |