

**AZUSA UNIFIED SCHOOL DISTRICT  
HEALTH SERVICES**

**REQUEST FOR ASSISTANCE WITH MEDICATION DURING REGULAR SCHOOL DAY**

**TO BE COMPLETED BY PARENT:**

\_\_\_\_\_

Last Name of Student

\_\_\_\_\_

First Name

\_\_\_\_\_

Gender

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

School

The student named above is required to take medication prescribed by a licensed health care provider during the regular school day. I request that designated District personnel (not necessarily a school nurse) assist my child in taking the medication in accordance with the instructions provided by the licensed health care provider below. I authorize the District to communicate with the licensed health care provider regarding my child's medical condition(s) and/or the prescribed medication(s).

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**Authorization and Disclaimer from Parent/Guardian of Self-Administration:** I hereby consent for my child to self-administer the medication described below during the regular school day, or when attending school related activities. I agree to release the Azusa Unified School District and District personnel from all claims of liability if my child suffers any adverse reaction from the self-administration of medication as prescribed and directed by a licensed health care provider. I understand that District personnel are unable to monitor the frequency or method of usage of medication when medication is carried and self-administered by the student.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER: Please note: If the medication is to be used "AS NEEDED," specific symptoms and the allowable frequency of dosage must be listed below.**

\_\_\_\_\_

Medication

\_\_\_\_\_

Purpose of Medication

\_\_\_\_\_

Dosage

\_\_\_\_\_

Dose Form (Tablet, Liquid, etc.)

\_\_\_\_\_

Route of Administration

\_\_\_\_\_

Time Schedule and Frequency (Specific Time Interval)

**Describe precautions, special instructions, possible adverse side effects, or other comments. Please include storage instructions.**

\_\_\_\_\_

**SELF-ADMINSTER:** This student is capable and responsible enough to carry and self-administer the prescribed medication and has been properly instructed on the medication's use, purpose, method of delivery and frequency.  YES  NO

\_\_\_\_\_

Printed Name of Licensed Health Care Provider

\_\_\_\_\_

Signature of Licensed Health Care Provider

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

\_\_\_\_\_

Date

## **REQUEST FOR ASSISTANCE WITH MEDICATION DURING REGULAR SCHOOL DAY**

**Before a designated employee administers, or assists in the administration of any prescribed medication to any student, or any student is allowed to carry and self-administer prescription auto-injectable epinephrine, or prescription inhaled asthma medication during school hours, the district shall have a written statement from the student's licensed health care provider and a written statement from the student's parent/guardian.**

### Parent/Guardian Responsibilities

The parent/guardian of any student who may need medication during the school day shall:

1. Annually provide a Health Care Provider Statement to include:
  - a. Clear identification of the student
  - b. The name of the medication
  - c. The method, amount, and time schedules by which the medication is to be taken
  - d. If a parent/guardian has requested that his/her child be allowed to self-administer medication, confirmation that the student is able to self-administer the medication
  - e. For medication that is to be administered on an as-needed basis, the specific symptoms that would necessitate administration of the medication, allowable frequency for administration, and indications for referral for medical evaluation
  - f. Possible side effects of the medication
  - g. Name, address, telephone number, and signature of the student's licensed health care provider
2. Provide a new licensed health care provider's statement if the medication, dosage, frequency of administration, or reason for administration changes. If the student is on a continuing medication regimen for a non-episodic condition, informing the school nurse or other designated certificated employee of the medication being taken, the current dosage, and the name of the supervising licensed health care provider and updating the information when needed.
3. Provide medications in properly labeled, original containers along with the licensed health care provider's instructions. For prescribed or ordered medication, the container also shall bear the name and telephone number of the pharmacy, the student's identification, and the name and phone number of the licensed health care provider.

### District Responsibilities

The school nurse or other designated school personnel shall:

1. Provide immediate medical assistance, if needed, and report to the site administrator and parent/guardian, and, if necessary, the student's licensed health care provider any instances when a medication is not administered properly, including administration of the wrong medication or failure to administer the medication in accordance with licensed health care provider's written statement
2. Administer or assist in administering medication in accordance with the licensed health care provider's written statement and report any refusal of a student to take his/her medication to the parent/guardian
3. Accept delivery of medication from the student's parent/guardian, including counting and recording the medication upon receipt and maintain a medication log
4. Maintain a medication record including the licensed health care provider's written statement, the parent/guardian's written statement, the medication log, and any other written documentation related to the administration of medication to the student and, as needed, communicate with the licensed health care provider and/or pharmacist regarding the medication and its effects
5. Counsel school personnel regarding the possible effects of the medication on the student's physical, intellectual and social behavior, as well as possible signs and symptoms of adverse side effects, omission or overdose.
6. Coordinate the administration of medication during field trips and after-school activities
7. Keep all medication to be administered by the district in a locked drawer or cabinet
8. Ensure that student confidentiality is appropriately maintained
9. By the end of the school year, ensure that unused, discontinued and outdated medication is returned to the student's parent/guardian where possible or, if the medication cannot be returned, is disposed of in accordance with state laws and local ordinances

For more information, including legal references, please see Azusa USD Board Policy and Administrative Regulation 5141.21. A link to these and all other Board Policies and Regulations can be found at <http://ausd-ca.schoolloop.com>.