Nevada City School of the Arts CONSENT FOR MEDICATION AT SCHOOL

School of Attendance Nevada City School of the Arts School Fax: 530-273-1522

By completing this form both the parent and health care provider agree that the listed medication <u>cannot</u> be given at home and *must* be given during school hours. This form must be *completed by both a health care provider and parent*. (Form for Both Prescription and Non-prescription Medication)

TO BE COMPLETED BY HEALTH CAR	E PROVIDER:				
Name of Pupil:		Birthdate:			
Medication (one per sheet):	Student	t may self-administer	Yes	No	
Exact Dosage, Time, and Method of Adminis	tration: Include instructions if st	udent is to self-administ	ter and carry		
Physical condition for which drug is to be give	en:				
Possible reactions or situations that need to b	e reported to the physician/health	care provider:			
Any further instructions:					
Authorization and Signatur	e of California Licensed Physici	an / Health Care Provi	der		
Signature:		Phone:		<u></u>	
Address:	Date of request:	Continue u			
			(date)		

PARENT CONSENT:

I request that my student ______ be assisted with taking the above medication at school. I understand that the medication may be given by school personnel other than the school nurse. I have read the Education Code Section 49423 and school rules listed on the reverse side. I give my consent for the school nurse to communicate with the prescribing Physician/Health Care Provider and to counsel school personnel regarding the above named pupil and this medication as appropriate. I understand that in writing I can rescind consent for administration of medication at any time. I understand that I am to provide the school in writing any changes in my student's medication, health status, or authorized health care provider.

Authorization an	nd Signature of Parent/Guardian and Contact number	Date	
School Nurse	Lisa Poggensee, RN, BSN	Contact Number 530-273-7736 ext 10)19

HEALTH SERVICES

School law allows school personnel to assist students required to take medication during school hours. The following code governs:

<u>Education Code Section</u> 49423. <u>Administration of Prescribed Medication for Pupil</u>. Any student who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district received (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 or guardian of the student indicating the desire that the school district assist the student in the matters set forth in the physician's statement.

- I. Consent signed by parent and health care provider must be on file at school.
 - a. Consent must be renewed yearly.
 - b. A new consent is necessary each and every time medication is changed.
 - c. This consent applies to both prescription and non-prescription medications including: over-the-counter products like cough drops, pain relievers, Benadryl, or any topical cream.
 - d. To avoid errors: <u>Only one medication should be written per sheet</u>.
 - e. Further instructions should include follow-up directions for emergency medications and/or allergic reactions. Only certain emergency medication may be carried by the student.
- II. All school medications must be brought to school in the original pharmacy filled container. The directions on the container must reflect the same information that is written on

the "Consent for Medication at School" form including:

- 1. Name of child
- 2. Name of medication
- 3. Dosage to be given
- 4. Times to be given

III. To Avoid Mistakes:

- **1**. Parents must bring medications to and from school. Never send medications to school or back home with a child from school
- 2. The *school cannot accept a telephone or verbal order* (either from the parent or the M.D.) for giving medications or making a change in medications.
- **3.** The *school cannot give medications with vague directions* such as "one yellow pill" or "two blue pills". *Medication orders must be clear, specific and in writing.*
- **4.** Medications need to be counted or measured at the school site by a parent or guardian with a school employee, logged on a medication record, and initialed by both parties.