

**ABC Unified School District Regulation 5141.21(a)**  
**Administering Medication**

The following procedures will be followed when a parent requests that a student be permitted to take medication – at school, camp, or during a disaster.

1. The administration of medication to students shall be done only in exceptional circumstance wherein the child's health may be jeopardized without it and only when such administration has been requested and approved by the student's parents and physician.
2. Students requiring medications at school shall be identified to the school by parents and/or physician. Students observed by school personnel administering unauthorized medications to themselves will be reported to their parents.
3. All medications for students must be kept in the administrative or school nurse's office. Students need special permission to carry medication on their person or keep it in their lockers.
4. A written statement shall be required of:
  - a.) The family physician, PA or NP who shall indicate the necessity for the medication being given to the student and the method, amount and schedule for medication.
  - b.) The parent, who shall request and authorize the designated school personnel to give said medication in the dosage so prescribed by the physician.
5. The school principal will designate the person at the school who is to be responsible for the supply of medication at the school. Supplies shall be in the original container and give the name and telephone number of the pharmacy, the student's identification, name of the physician, and dosage of the medication to be given. Taking the dosage shall be supervised by the school nurse or other designated school personnel at a time conforming with the physician's indicated dosage schedule.
6. Form letters to parents and physicians are designed to facilitate these procedures and are to be completed on an annual basis.
7. A list of students needing medication during school hours, including the type of medication, times, and dosage, will be maintained at the local school in the administrative or school nurse's office. This list is to be reviewed and updated periodically by the school nurse.
8. Under no circumstances are school personnel to provide/administer over-the-counter or prescription medicines to students without first obtaining written consent from the parent and physician.
9. At the end of the school year, parents must claim any medication remaining at school or it will be disposed of by the school nurse.

Legal Reference: Education Code

- 49408 Emergency information
- 49423 Administration of prescribed medication for pupil
- 49480 Notice to school by parent or guardian; consultation with physician

4544-HS 03/06

**ABC Unified School District  
Health Services**

**REQUEST FOR ASSISTANCE WITH MEDICATION – SCHOOL DAY, DISASTER, CAMP**

The ABC Unified School District requires that all students who need prescription or over-the-counter medication, given at school or camp, must do the following:

1. Present a written statement from the student's physician detailing the method, amount and time schedule for the taking of the medication.
2. Present a written statement from the student's parent's/guardian requesting the district to assist the student in taking the prescribed medication.
3. Bring the medication in the original bottle, properly labeled.

**TO BE COMPLETED BY PARENT/GUARDIAN:**

\_\_\_\_\_  
Last Name of Pupil                      First Name                      Sex                      Date of Birth                      School                      Grade

I request that designated School District personnel (not necessarily a school nurse) assist my child in taking the medication in accordance with the instructions provided below by the physician, physician's assistant, or nurse practitioner. I authorize the District to communicate with the provider below regarding my child's medical condition and/or the medication prescribed for it.

\_\_\_\_\_  
Date                      Telephone Number                      Signature of Parent/Guardian

**TO BE COMPLETED BY A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT, OR NURSE PRACTITIONER**

\_\_\_\_\_  
Purpose of Medication                      Name of Medication

\_\_\_\_\_  
Dosage Prescribed                      Time Schedule                      Dose Form (Tablet, Liquid, etc.)

\_\_\_\_\_  
Date of Prescription                      Length of Time To Be Taken                      Method of Administration

Describe precautions, special instructions, possible adverse side effects, or other comments (please include storage instructions).

\_\_\_\_\_  
The above named pupil for whom medication is prescribed is under my care.

\_\_\_\_\_  
Print or Type Name of Physician , PA, or NP                      Signature of Physician, PA or NP

\_\_\_\_\_  
Address                      Telephone Number                      Date

**THIS REQUEST EXPIRES AT THE END OF THE SUMMER SCHOOL YEAR IN WHICH MADE  
Please Read ABC Unified School District Regulation 5141.21(a)**