



**REQUEST FOR ADMINISTRATION OF MEDICATION AT OUTDOOR SCHOOL**

*Foothill Horizons' FAX: (209) 532-0019; TEL: (209) 532-6673*

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male\_\_ Female\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

*Parents: please see instructions on opposite side. Make copies if more than one medicine is required.*

**TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER**

Medication name: \_\_\_\_\_ Strength (mg, ml, mcg): \_\_\_\_\_

Dose (# of tabs, puffs, etc.): \_\_\_\_\_ Method of Administration: \_\_\_\_\_

Time of Administration (circle if appropriate): 8:20 am noon 6:20 pm 9 pm Other: \_\_\_\_\_

Start: \_\_ immediate \_\_ other date: \_\_\_\_\_ Stop: \_\_ end of year \_\_ other date/duration: \_\_\_\_\_

PRN (prescribed as needed): symptoms \_\_\_\_\_

Reason for Medication: \_\_\_\_\_ Special storage requirements: \_\_refrigerate \_\_none

Restrictions and/or important side effects: \_\_none anticipated \_\_yes—please describe: \_\_\_\_\_

**REQUEST FOR SELF-ADMINISTRATION OF INHALERS AND EPI-PENS  
(Only for auto-injectable epinephrine or inhaled asthma medication)**

**This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication.** \_\_ Yes—unsupervised \_\_ Yes—supervised \_\_ No—please indicate why: \_\_\_\_\_

**This student may carry medication:** \_\_ Yes \_\_ No Please indicate additional information: \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_

Health Care Provider's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN**

**PARENT/GUARDIAN CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL**

Parent(s)/guardian(s) of \_\_\_\_\_, request that medicine be administered by the school nurse or a member of the school staff if the school nurse is not available. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel. I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its pharmacy-labeled container.

Parent/Guardian Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**PARENT/GUARDIAN CONSENT FOR SELF-ADMINISTRATION OF MEDICATION  
(Only for auto-injectable epinephrine or inhaled asthma medication)**

I hereby consent for my child, \_\_\_\_\_, to self-administer the following medication while attending Outdoor Education at Foothill Horizons. I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue Stanislaus County Office of Education, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.

**Please check appropriate medication:** \_\_ Inhaled asthma medication \_\_ Auto-injectable epinephrine

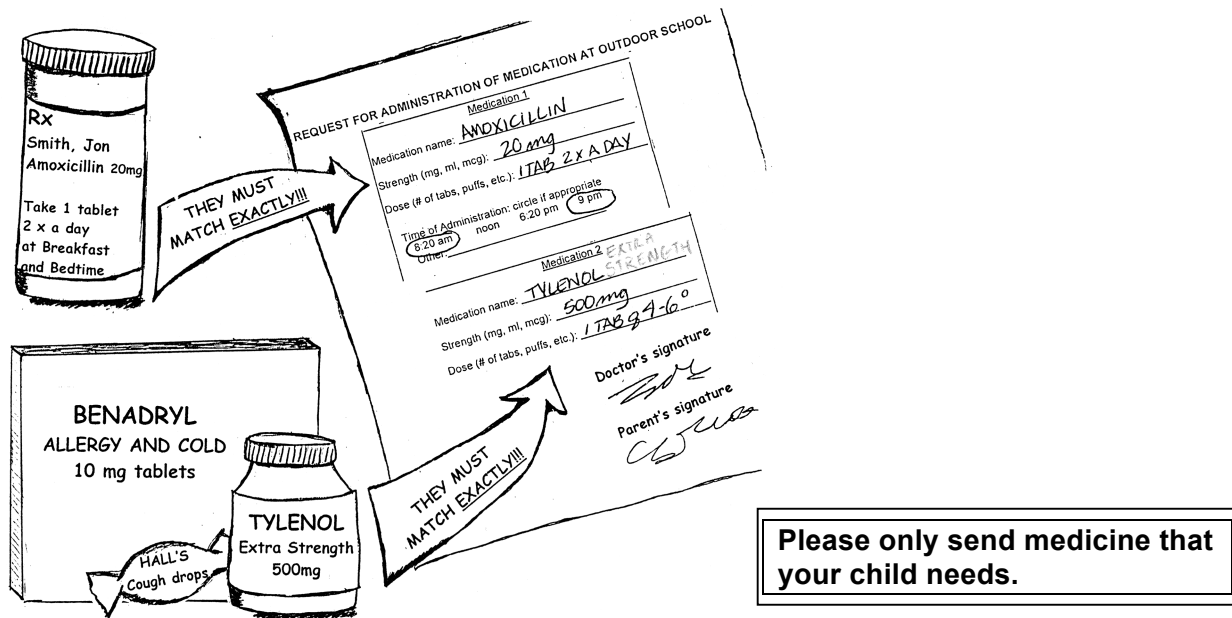
Parent/Guardian Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Reviewed by School Nurse \_\_\_\_\_ Date: \_\_\_\_\_

**Continued on back**

**PARENTS:** If you want your child to take ANY KIND of medicine (including over the counter drugs like Tylenol, Benadryl, vitamins, Tums, cough drops etc.) follow the steps below. If medication forms are not filled out completely and correctly, your child **will NOT be allowed to attend** Foothill Horizons.

1. Have your child's Health Care Provider (H.C.P) fill out the appropriate form(s). The label on the medicine and what the H.C.P writes on the form must match exactly. If a dosage or scheduled time has changed since the medication was first prescribed, the doctor should call in a new prescription and the pharmacist should print out a new medication label with the current and accurate information to match the H.C.P's prescription. **The Health Care Provider must fill the form out completely and must sign all forms including those for over the counter drugs.**
2. **All medication forms must have a parent/guardian's signature.** Check that you have signed the paperwork.
3. Put all your child's medications in one Ziploc bag. Write your child's name on any medication that does not have a label on it such as over-the-counter drugs. Write your child's name and school on the bag. Have the school nurse check the medication and paperwork prior to the departure day. Give the labeled bag of medicines to your child's teacher on the departure day.



**California Code of Regulations, Title 5, Education Article 4.1: Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day**

**§600. Authorization**

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

(a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.

(b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

**CEC. 49423.** (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b)

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication, method is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to the paragraph.

Section 49423.1 is added to the Education Code, to read:

**CEC. 49423.1.** (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), The school district shall obtain from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.