AUTHORIZATION FOR PRESCRIBED AND OVER THE COUNTER MEDICATION ADMINISTRATION AT SCHOOLS WITHIN THE COUNTY OF RIVERSIDE

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Date of Birth</th>
<th>Grade</th>
<th>School</th>
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**Education code 49423** authorizes that any pupil who is required to take, during the regular school day medication prescribed for him/her by a Physician, may be assisted by the school nurse or other designated personnel if the school district receives (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/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician’s statement.

I request medication prescribed be administered to my student and agree to hold Lake Elsinore Unified School District, it’s officers or employees harmless from all liability or claims which might arise out of these arrangements. I give my permission to contact the physician for consultation as needed.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Date</th>
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**PHYSICIAN AUTHORIZATION**

**ONE MEDICATION PER FORM**

<table>
<thead>
<tr>
<th>Name of Medicine(s)</th>
<th>Health Condition for which medicine RX</th>
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<tbody>
<tr>
<td>Time(s) to be taken</td>
<td>Dosage</td>
</tr>
<tr>
<td>Method of administration</td>
<td>Precaution-Possible untoward reactions</td>
</tr>
<tr>
<td>Date to be discontinued</td>
<td>Physician’s Telephone Number &amp; Fax</td>
</tr>
<tr>
<td>Name of Physician (Please print)</td>
<td></td>
</tr>
<tr>
<td>Physician’s Signature</td>
<td>Date</td>
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</tbody>
</table>

Please return this form to your child’s school health office signed by the Physician and the parent or guardian.

**NO MEDICATION WILL BE ADMINISTERED WITHOUT THESE REQUIRED SIGNATURES** - PLEASE SEE RESPONSIBILITIES ON REVERSE SIDE
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

A. GENERAL POLICY

1. No student shall be given medication during school hours except upon written request from a licensed physician/healthcare provider who has the responsibility for the medical management of the student. The parent or guardian must sign all such requests.

2. A new form is required for each prescription change and at the beginning of each school year.

B. RESPONSIBILITY OF THE PARENT/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 a school campus without prior authorization.

4. Parents/guardians must pick up unused medications from the school office when it is no longer to be given at school or at the close of each school year. Medication that is discontinued during the school year must be picked up within 10 days or it will be discarded. All other medication will be discarded on the last day of school.

C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT/GUARDIAN

1. A request form for prescribed medication must be completed by the pupil’s physician, signed by the parent or guardian, and filed with the school administrator or his designated representative.

2. The current container must be clearly labeled by the physician or pharmacy with the following information:
   a. Student’s name
   b. Physician’s name
   c. Name of medication
   d. Dosage, schedule (consistent with physician’s authorization form) and route
   e. Date of expiration of prescription
   f. No more than a 30-day supply of medication will be kept at school in the most current container.

3. Each medication is to be in a separate pharmacy container prescribed for the student by a California physician.

D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. The school administrator will assume responsibility for placing medications in a locked cabinet.

2. Students will be assisted with taking medications according to the physician’s instructions and the procedure observed by a trained school staff member.