



## Physician's Recommendations for Medication During the School Day and Off-Site

*In accordance with California Education Code section 49423, this form must be completed by a California licensed physician (or other healthcare provider who has the authority to prescribe medication) and be on file for any student who requires medication(s) during the regular school day or an off-site school field trip or activity.*

**PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE**

Student's Name \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Lead Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Room No. \_\_\_\_\_

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

*(California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants—California Code of Regulations, Title 5, section 601[a])*

■ **Nature of condition requiring medication during the regular school day/off-site school event:**

■ **Prescribed medication:**

Name of medication	Method of administration	Dosage amount	Time to be given	Frequency
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____

Discontinue **Medication (A)** on date: \_\_\_\_\_ Discontinue **Medication (B)** on date: \_\_\_\_\_

■ **Health care provider:**

Name (*print*) \_\_\_\_\_ Signature \_\_\_\_\_

License No. \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Date \_\_\_\_\_

Supervising Physician's Name/Phone (*if applicable*) \_\_\_\_\_

■ **Upon receipt of medication orders, the school nurse and the prescribing health care provider shall consult as needed.**

1. A current medication form must be on file. **A new form must be on file each school year for each medication.**
2. Changes in prescribed dose and other details of medication administration must be provided to the school in writing by the authorized health care provider.
3. All medication must be in a container labeled by a pharmacist or prescribing health care provider.
4. An adult must bring the medication to the school and pick up any outdated, unused or for home use medication.
5. All medication not picked up by an adult on the last school day will be discarded, unless otherwise arranged.
6. Parents/Guardians must provide all materials or necessary equipment for medication administration.

I authorize the school nurse, or other school staff assigned by the site principal, to administer the medication as directed by the authorized health care provider. I understand that designated school staff has my permission to communicate with the prescribing physician/health care provider on matters related to this medication.

Parent's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

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