SANTA MONICA – MALIBU UNIFIED SCHOOL DISTRICT

Department of Health Services

Medication at School Authorization Form

This form must be renewed at the beginning of each school year and whenever there is a change in the medication order.

Student Name:				Date of Birth:	
Last	First		Middle		
School:	Stu	Student ID#		Grade	
	PLETED BY AN AUTHORIZE	-		-	
Diagnosis or Reason for M	Aedication during the school day:				
Name of Medication	Method/Route of Administration	Dose	Time(s) to be given	Frequency & Symptoms for "as needed"	
Precautions, reactions, o	r side effects:				
Medication to be adminis	tered by:Designated Unlicen	sed Scho	ol Personnel (indirect sup	ervision by a licensed nurse)	
In my professional opinio epinephrine or insulin/dia	n this student: May M betes medications.	ay Not	carry (ONLY) ast	hma inhalers, auto-injectable	
Health Care Provide Full Nam	e (PRINTED or STAMPED, Address, Tel	ephone			
Authorized Health Care Provid	der SIGNATURE	NPI#		Date	

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I request that the school staff assist my child with medication as ordered by the health care provider. I give permission for the school nurse to communicate with the health care provider on matters related to these medications.

Note: All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child's name, health care provider's name, medication name, dose, method of administration, and time to administer (over-the-counter medications must be in the original containers). The medication must be delivered to the school by the parent, guardian or adult designee.

I understand that my child may only take the medications at school (including over-the-counter) if the school has received ALL of the following: 1) Current California authorized health care provider order, 2) Parent/guardian signature, and 3) Properly labeled medications.

I authorize a designated member of the school staff to assist my student with medication as ordered by the health care provider. In the case of a field trip, I authorize parent volunteers/camp staff to assist my child with medication, as above.

Santa Monica-Malibu Unified School District 1717 Fourth Street, Santa Monica, California, 90401 (310) 450-8338 Department of Health Services

MEDICATION DURING SCHOOL HOURS

Every effort should be made to have any student medications **given at home if possible**. Should your student's doctor prescribe a medication, request that they give you a schedule so that it can be administered at home.

ALL medications, *including non-prescription medications* require **written authorization from a doctor AND parent/guardian**.

If your child does need to take medication every day at school or during an illness, here are the rules to follow:

- 1. Medication(s) **must be brought to school by the parent/guardian or adult designee** and given to the nurse or other health office personnel. Medication(s) are kept locked in the Health Office at school.
- 2. Medication(s) must be **kept in the original prescription, pharmacy-labeled bottle**.
- 3. Medication must be **accompanied by a physician's written order with the following information**:
 - o Student's name
 - o Diagnosis (need for medication)
 - o Medication name, dosage, time to be given at school
 - o Length of treatment (i.e. school year 2024-2025)
 - o Physician's full name, address and phone number along with their SIGNATURE
- 4. The medication must be accompanied by the parent or guardian's written permission for administration of medication at school.
- 5. If the medication is to be taken all school year, please check the expiration date of the medication before it is dropped off to be sure it will last until the last week in June of the school year.
- 6. The completed **Medication at School Authorization form AND the medication(s) should be brought to the school nurse at the beginning of the school year** or when your child needs the medication for an episodic illness.
- 7. It is recommended that parents/guardians for students taking daily medication, (either at home or at school), provide the school with a 3-day supply of their medication in case of a disaster.

Medication Distribution Guidelines

ABSOLUTELY NO MEDICATIONS MAY BE DISTRIBUTED WITHOUT COMPLETING THE FOLLOWING STEPS:

- 1. COMPLETED PHYSICIAN'S ORDER (MEDICATION AT SCHOOL AUTHORIZATION) FORM
- 2. PHYSICIAN'S SIGNATURE
- 3. PARENT/GUARDIAN SIGNATURE
- 4. MEDICATION CONTAINER LABELED WITH:
 - student's full name
 - name of medication
 - medication dosage
 - dosage time
 - expiration date.

These guidelines are in effect for both prescription and/or over the counter medications. Any student needing medication during school hours MUST keep medication(s) in the health office ONLY. Absolutely NO medication should be kept in student's backpack, pocket, lunch box, etc. except for asthma inhalers, auto-injectable epinephrine or insulin/diabetes medications as authorized by your child's health care provider. Please request that your health care provider be as specific and concise when providing instructions for the school to follow. These guidelines have been established to ensure the safety of your child as well as other students who may visit the health office at your school. Your cooperation is greatly appreciated.