

MEDICATION AT SCHOOL

To: Parent or Guardian and Attending Physician,

The California Education Codes, Section 49423, 49423.1 and 49423.5, and Fremont Unified School District A.R.5141.21, authorize the administration of medication to pupils only in exceptional circumstances wherein the child's health may be jeopardized without it and only when such administration has been requested and approved by the student's parent/guardian(s) and physician. These regulations apply to "over-the-counter" as well as prescription medication.

Parent/guardian(s) must secure duplicate supplies of medication, one supply to be kept at home and one supply to be kept at school. The school supply must be in an original pharmacy-labeled container. The label shall contain the name and telephone number of the pharmacy; pupil's name; name of physician; and dosage, time and frequency of administration. Over-the-counter medications must be in the original manufacturer-labeled container. When the school supply of medication is depleted, additional medication must be brought to school in a new container, labeled as described above, with the most current prescription.

Medications under the jurisdiction of the Federal Controlled Substance Act (e.g. Ritalin and Phenobarbital) must be brought to school by an adult. All medications brought to school must be kept in a locked storage area, except those that are carried on the student's person (see information below.) Additional information may be required when medications are to be administered to the student on field trips and during other school sponsored activities.

In compliance with these regulations, we request that you provide the following information.

Principal/School Nurse

Student Name M/F Birth Date

School Grade/Room Date

I hereby request that the school assist me with the administration of medication to my child during school. I give my consent for the school nurse or other designated school personnel to contact the doctor to exchange information regarding the orders below. This medication will be kept on site unless a physician gives authorization below for the student to carry this medication on his/her person. Designated school staff will assist the student unless a physician gives authorization below for the student to self-administer this medication and the student and I complete the FUSD self-administration of medication contract. I understand that health information may be shared with FUSD staff as needed.

Signature of Parent or Guardian

THIS SECTION MUST BE COMPLETED BY THE ATTENDING PHYSICIAN

Student _____ Medical Diagnosis _____

Medication _____

Dosage amount _____ route _____ frequency _____

When to administer: _____

For rescue or emergency medications such as asthma inhaler, EpiPen, etc., please check **all** that apply:

- The student above is authorized to carry this medication on his/her person.
- The student above has been trained and is authorized to self-administer this medication.

This medication cannot be scheduled for other than during school hours and designated non-licensed school personnel may assist the student. **This form is valid only for the current school year** (including summer school.)

Date _____ Physician's Signature _____

Please stamp or print physician's name, address, telephone number, and license number: