



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT**  
**699 Old Orchard Drive, Danville, California 94526**  
**Educational Services**  
**(925) 552-5500 • FAX (925) 743-3902**

\_\_\_\_\_  
 School of Attendance                      Address of School                      Phone                      Fax

**MEDICATION AT SCHOOL**

THE PARENT OR ADULT REPRESENTATIVE MUST BRING ALL MEDICATIONS TO SCHOOL IN THE ORIGINAL CONTAINER. A physician and the parent/guardian must complete and sign this form before any medication can be administered at school. To carry either an asthma inhaler or emergency medication (i.e. EpiPen), part III must be completed by the doctor, parent and child.

\_\_\_\_\_  
 Name of Student                      Student's Address                      Birth date                      Telephone                      Grade                      Teacher

**I. THIS SECTION TO BE COMPLETED BY PHYSICIAN**

\_\_\_\_\_  
 Name of Medication                      Reason for Medication (Diagnosis)                      Start Date                      Stop Date

Form of Medication:                       Tablet/capsule                       Liquid                       Inhaler                       Injection                       Other \_\_\_\_\_

\_\_\_\_\_  
 Dosage (Specify exact Milligrams)                      Time of Administration                      Special Storage Instructions

\_\_\_\_\_  
 Restrictions and/or important side effects

\_\_\_\_\_  
 Printed/typed name of physician                      Address                      Phone

**SIGNATURE OF PHYSICIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**II. THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

I give permission for (name of child) \_\_\_\_\_ to receive the above medication at school according to standard school policy, I, or an adult representative whom I designate, will bring all medications to school.

Signature of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**III. PERMISSION TO CARRY ASTHMA INHALERS/EPIPENS (PART I AND II MUST BE COMPLETED)**

**TO BE COMPLETED BY THE PHYSICIAN:** The above named student has been instructed in the proper use of his/her asthma inhaler/emergency medication. The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler/emergency medication at school. He/she understands the purpose, appropriate method, and frequency of use of the asthma inhaler/emergency medication.

NAME OF MEDICATION: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN:** I permit my child to carry the above-listed asthma inhaler/emergency medication as ordered by his/her physician.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY STUDENT:** I have been instructed in the proper use of my medication and will take it as prescribed to me by my physician.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **Parent/Guardian Information Administration of Medication at School**

If your child is under the care of a physician and must take medication during the school day for a specific medical diagnosis or condition, please read the information below.

The district's school nurses serve several schools and are not available on a daily basis to administer medication. As a result, nonmedical staff on the campus will most often perform this function. Consequently, you are encouraged, with the help of your physician, to work out a schedule to give medication outside school hours.

If your child must take medication at school, please note:

- This Medication Release form must be completed each year and kept on file in the school office. Annual updates are required by law.
- Student may not possess medication at school, walking to and from school, or on a school bus (exceptions are inhaled asthma medication and EPI PENS, as authorized by the physician on this form).
- Medication must be brought to school by a parent or adult representative in the original pharmacy container.
- Over-the-counter drugs must also have a Medication Release form on file.
- All medications must be kept in the office unless otherwise directed by the physician.
- With any dosage or prescription change and at the start of each school year, a new Medication Release form must be completed.
- At the end of the school year or when a medication expires, a parent or adult representative must pick up unused medication.
- All medication will be discarded if not picked up at the appropriate time.
- A student may be subject to disciplinary action for the misuse of any medication.

**These requirements are provided by law: Educational Code 49423 & 49423.1**

49423 and 49423.1. (a) Any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician, may be assisted by the school nurse or other designated school personnel.

(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 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 or inhaled asthma medication, 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 is to be taken and confirming that the pupil is able to self-administer auto-injectable epinephrine or 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.

(3) The written statements shall be provided at least annually and more frequently if there are any changes to the medication, dosage, or frequency of administration.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900, if that pupil uses auto-injectable epinephrine or inhaled asthma medication in a manner other than as prescribed.

For further information or assistance, contact your school or the health educator/school nurse assigned to your school.