



Irvine Unified School District  
Health Services (949) 936-7920



**Parent/Guardian and Physician Request for Medication**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School & Year \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Teacher \_\_\_\_\_

**PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION  
PRESCRIPTION AND NON-PRESCRIPTION**

California Education Code Section, 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school; to maintain or improve his/her potential for education and learning.

I request that medication be administered to my child, \_\_\_\_\_ in accordance with our physician's written instructions. I understand that designated school personnel will administer medication under supervision of a qualified School Nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician. I give permission to contact the physician when necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

**Emergency medicine such as EpiPen or inhalers may be carried by the student when authorized by a physician, parent, and school nurse. A second EpiPen or inhaler should be kept at school for emergency use.**

**All medication must be in the student's original, labeled pharmacy container. The directions for administration on the school container must be in English. You may request additional containers from your pharmacist, one for school and one for home, if needed.**

**PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION**

Diagnosis/Reason for Medication: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

If PRN: Amount of time between doses \_\_\_\_\_ Maximum number of doses per school day \_\_\_\_\_

Possible reactions: (possible serious reactions with this medication i.e., allergic reaction, localized/general, etc.)  
\_\_\_\_\_

Instructions for emergency care: \_\_\_\_\_

**The above medication cannot be scheduled for other than during school hours and this medication may be administered by non-medical school personnel under the supervision of a qualified School Nurse.**

Physician Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date to Discontinue Medication: \_\_\_\_\_



*Office Stamp*

**EMERGENCY MEDICATION SUCH AS INHALER/EPI-PEN MAY BE CARRIED BY STUDENT.** \_\_\_\_\_

*Physician's Signature*

**THIS REQUEST IS VALID FOR THE CURRENT SCHOOL YEAR**

**SCHOOL USE ONLY:**

Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_



**PARENT NOTIFICATION FOR THE  
ADMINISTRATION OF MEDICINE AT SCHOOL**

**TO THE PARENT/GUARDIAN:**

Medical treatment is the responsibility of the parent(s) and family physician. Medications, both **prescription and over the counter**, are rarely given at school; the only exceptions involve special or serious problems where it is deemed absolutely necessary by the physician that the medication be given during school hours. ***The parent is urged, with the help of your child's physician, to work out a schedule of giving medication at home, outside school hours whenever possible.***

California Education Code, Section 49423 allows school personnel to assist in carrying out a physician's recommendations. Designated non-medical school personnel may be administering your child's medication. They will be trained and supervised by qualified School Nurses. Medication will be safely stored and locked, or refrigerated if required.

Emergency medicines such as Epi Pens or inhalers may be carried by the student ***when authorized by the physician, parent, and school nurse.*** A second Epi Pen or inhaler may be kept at school for emergency use. Students who have a serious medical condition (diabetes, epilepsy, etc.), should have an emergency supply of their prescription medication at school with the appropriate consent forms in case of disaster.

**IF MEDICATION IS TO BE ADMINISTERED AT SCHOOL, ALL OF THE FOLLOWING CONDITIONS MUST BE MET:**

1. **A written statement signed by the licensed physician/dentist** specifying the condition for which the medication is to be given, the name, dosage, time, route, side effects, and specific instructions for emergency treatment must be on file at school.
2. **A signed request from the parent/guardian must be on file at school.**
3. Medication must be **delivered to the school by the parent/guardian** or other responsible adult.
4. Medication must be in your child's original, **labeled pharmacy container written in English.**
5. All **liquid medication** must be accompanied by an **appropriate measuring device.**
6. Any tablets requiring partial doses (1/2 or 1/4) **must be cut at home/pharmacy.**
7. **A separate form is required for each medication.**

**NOTE: Please discuss your physician's instructions with your child, so that s/he is aware of the time medication is due at school.**

**This request is valid for the current school year. Whenever there is a change in medication, dose, time, route or prescribing physician, the parent(s) and physician must complete a new form.**