



**AUTHORIZATION FOR MEDICATION ADMINISTRATION
BY SCHOOL PERSONNEL**

RON TAYLOR
Superintendent

TROY STAHL
High School Principal

To: _____ of Valley Christian School, Cerritos, CA
(Principal)

Student Name: _____ D.O.B. _____

Grade: _____

I am giving the school personnel permission to administer medication to my student per the following:

Parent/Guardian or Physician complete:

Medication: _____ Non prescription

Dose: _____ Prescription RX# _____

Frequency (how often) _____

Please allow my child to self-administer this medication (refer to district policy on self-medication)

As needed Mandatory Administration

Route: (circle one) By: Mouth Ear Eye Nose Skin

Time: _____

Duration: Start Date _____ End Date _____

Reason for Medication:

Special Instruction:

I understand I am responsible to provide this medication and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. Parents are required to pick up all unused medication by the last date of school. All medication left at school will be discarded.

Parent: _____ Date: _____

(This authorization applies only to the medication listed above and for the duration of treatment or school year). This also authorizes an exchange of information, as necessary, between the school nurse, appropriate school personnel, and/or my child's health provider.

Medication Administration Guidelines for Parents

Parents are encouraged to administer medication to their children before and/or after school hours. School staff should not be responsible for administering the first dose of any medication. The student should have already experienced taking the medication at home.

Prescription and non-prescription medication may be given at school only by VCHS staff. Parents are responsible for bringing the medication to the school office and completing the Daily Medication Administration Record Form.

Medication including OTC drugs, will not be administered unless accompanied by written parental consent and appropriate instruction (see specific criteria listed below). Verbal requests to change medication amounts, frequency, or administration times from parents cannot be accepted.

Non-prescription Medication:

Limited to eyes, nose and cough drops, cough suppressants, analgesics, decongestants, antihistamines, topical antibiotics, anti-inflammatories and antacids which do not require written or oral instructions from a physician.

* Requires written parent/guardian permission which include the following:

- Students name
- Name of medication
- Dosage (per manufacture's recommendations)
- Route
- Frequency of administration
- Other special instruction (purpose for medication-symptom specific)
- Signature of parent/guardian

Must be commercially prepared.

Non-alcohol based

Must be in original container with manufacturer's recommended dosage schedule included.

The school may only administer medication following the manufacturer's recommendations.

Prescription Medications:

- Requires written instruction from a physician; a prescription label meets this requirement.
- Requires written consent and instruction from parent/guardian.
- The medication must be in the original pharmacy container. Helpful hint: ask pharmacist for an extra "labeled" container for school usage; one for home and one for school, which are properly labeled.
- Medication may only be given as ordered by the physician on the prescription container. They cannot be dispensed at alternative times to accommodate early releases from school and /or classes. They may be given within the 30 minute "window" before or after the prescribed time. The school may not give the student medication not normally dispensed during school hours because dose was missed at home. If medication was missed at home, it will be the parent's responsibility to administer missed dose at school.

- Cutting medication is the responsibility of the parent or the pharmacy that dispenses the medication.

Student Self Medication:

If a student has a medical condition which necessitates he/she carry medication on his/her person, both a signed parental permission form and a signed statement by the physician shall be on file in the school.

Regarding asthma inhalers, student's name and prescription label must appear on the inhaler, not its packaging.

Transporting Medications:

Medication should be transported to and from school by a responsible adult who delivers the medication to a designated individual in the school. Medication should be delivered in original pharmacy or manufacture-labeled containers. Students who have been approved to carry and self administer their own medications may transport them to and from school. Controlled substances should not be transported by students.

Unused medication must be picked up by parent at the end of the school year.

Please address questions regarding the distribution of medication to the school office at 562-865-0281.