

**School: St. Maria Goretti School**

**School Year: 2019-2020**

To Parent/Guardian:

To protect all students and to conform to the State Education Code Section 11753.1, no student may bring medication (prescription or non-prescription) to school. **Only medication (prescription or non-prescription) prescribed by a health care provider may be taken during school hours.**

#### **PROCEDURE AND REGULATIONS FOR MEDICATION AT SCHOOL**

- A release (Medication Authorization and Permission Form) stating the nature of the medication, signed and dated by the doctor and also signed by the parent, must be provided.
- Medications administered at school must be in the original container and labeled. The day's dosage must be sealed, labeled and have the student's name attached. It shall be in an appropriate container, and kept in the school/nurse's office.
- The student shall come to the office for medication.
- A student's medication shall be self-administered.
- Students may not carry medications of any kind to be self-administered at school, which include cough drops, throat lozenges, etc. (An exception for an inhaler requires a special release from the doctor and parent/guardians)
- Students may not be given medicine prescribed for other family members.
- The medication regulations apply to both prescription and non-prescription medications.

#### **NO EXCEPTIONS TO PROCEDURE FOR MEDICATIONS AT SCHOOL**

No exceptions will be made to the procedure for medications. If parents/guardians do not provide the completed medication form with the prescribed medication, they will have to come to school and personally administer the medication.

Thank you for your cooperation!

**ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**  
**FOR INHALERS TO BE CARRIED BY STUDENT**

Name of Student \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER**

**To the Health Care Provider:** Your patient has advised the school staff that he/she may carry and use an inhaler during school hours

Please complete and sign this form if an inhaler prescribed for a school age child may be used during school hours. This form is required by Section 11753.1, California Education Code, to authorize school personnel to permit the child to carry and use an inhaler at his/her own discretion.

Date \_\_\_\_\_

Diagnosis or reason for medication:

Inhaler prescribed, dosage, time to be taken:

Any special instruction, precautions, or possible side effects:

How long will this medication be necessary?

Signature of Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name of Health Care Provider \_\_\_\_\_

Address \_\_\_\_\_

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

**To the Parent or Guardian:** The inhaler may be carried by the student and used as prescribed after this form has been filed with your school health office.

**Please Sign the Following Statement:** I request that the school permit my child to carry and use an inhaler during school hours as prescribed by his/her physician.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Medication Form on reversed side)

**ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

Name of Student \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER**

**To the Health Care Provider:** Please complete and sign the center section of this form when prescription or non-prescription medication must be given during school hours. This form is required by Section 11753.1, California Education Code, to authorize school personnel to assist the students with the administration of medications.

Date \_\_\_\_\_

Diagnosis or reason for medication:

Medication prescribed, strength, dosage, time to be taken:

Any special instruction, precautions, or possible side effects:

How long will this medication be necessary?

Signature of Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name of Health Care Provider \_\_\_\_\_

Address \_\_\_\_\_

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

**To the Parent or Guardian:** The medication must be delivered to the school in the original pharmacy container. Middle school and senior high school students may bring their medication to the health office. The parent or guardian must bring medication for grade-school aged children.

**Please Sign the Following Statement:** I request that the school assist my child, in taking the medication as directed above, and in accordance with the school policy.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**(Inhaler Form on reversed side)**