



# RIALTO UNIFIED SCHOOL DISTRICT HEALTH SERVICES

815 S. Willow Avenue, Rialto, CA 92376 • Tel (909) 820-8150 • Fax (909) 820-8151

## PHYSICIAN'S RECOMMENDATIONS FOR MEDICATION FOR ELEMENTARY SCHOOLS

School: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

The law allows school nurses or other designated personnel to assist the pupil in taking prescribed medications if specified written statements from physicians and parents or guardian of pupil are obtained by the District Ed. Code 49423.

I hereby give my permission for school personnel to give the medication(s) listed below as directed. I also give the school nurse permission to contact the physician regarding the child's reaction to the medication or if there is a change in the child's health status.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

### RECOMMENDATIONS MUST BE COMPLETED BY PHYSICIAN ONLY

#### MEDICATIONS REQUIRED AT SCHOOL:

#1 Medication: \_\_\_\_\_

#2 Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Discontinue date: \_\_\_\_\_

Discontinue date: \_\_\_\_\_

Side effects, if any: \_\_\_\_\_

Side effects, if any: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

**IMPORTANT: ALL MEDICATIONS WILL AUTOMATICALLY BE DISCONTINUED ON  
JUNE 30. NEW ORDERS ARE REQUIRED EACH SCHOOL YEAR.**

## ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

### A. GENERAL POLICY

1. No student shall be given medication during school hours except upon written request from a California licensed physician/healthcare provider who has the responsibility for the medical management of the student. All such request must be signed by the parent or guardian.
2. A new form is required for each prescription change and at the beginning of each school year.

### B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

1. Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medication. Controlled medications, when delivered to school, will be jointly counted by parent and health office designee.
3. Students are not permitted to carry prescribed or over-the-counter medication on a school campus.
4. Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.

### C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT OR GUARDIAN

1. A request form for prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school administrator or his designated representative.
2. The container must be clearly labeled by the physician or pharmacy with the following information:
  - a. Student's name
  - b. Physician's name
  - c. Name of medication
  - d. Dosage and schedule
  - e. Date of expiration of prescription
3. Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed healthcare provider.

### D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. The school administrator/designee will assume responsibility for placing medications in a locked cabinet.
2. Students will be assisted with taking medications according to the physician's instructions and the procedure observed by a school staff member.

### E. RESPONSIBILITY OF STUDENT

1. Students will come to health office for medication at prescribed times.
2. Students will not share an over-the-counter or prescription medication with any one else.