

REGULATIONS ON THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

1) GENERAL POLICY

- a) No pupil shall take medication during school hours except upon the written request from a licensed physician who has responsibility for medical management of the pupil. All requests must be signed by the parent or guardian, and filed at school prior to the medication being given.
- b) Medication includes both OTC (over-the-counter) and prescribed items.

2) RESPONSIBILITY OF THE PARENT/GUARDIAN

- a) Parents are encouraged to cooperate with the physician to develop a schedule so the necessity for taking medication at school is minimized or eliminated.
- b) Parents assume full responsibility for supplying medications. Request your pharmacy to prepare two (2) containers; one for home and one for school.
- c) Parents shall deliver or have delivered by an adult, any medication taken during school hours. No medications may be brought to school by pupils.

3) RESPONSIBILITY OF THE PHYSICIAN

- a) A request form for EACH medication must be completed by the pupil's physician, with the following information: name of pupil, name of medication, purpose, dosage, time schedule, dose form, date of prescription, length of time the medication will be necessary, precautions, special instructions, and possible adverse effects.
- b) The container must be clearly labeled with the following: the pupil's name, physician's name, name of medication, dosage schedule, dose form, and date of expiration of prescription.
- c) Each medication, and different dosages of the same medication, must be in separate containers labeled as above.

Carden of the Foothills School
429 Wildrose Avenue
Monrovia, CA 91016

**PARENT RELEASE FORM FOR THE ADMINISTRATION OF
MEDICINE**

The law allows any person to assist in carrying out a physician's recommendation. The school recognizes the desirability of following a physician's recommendations as nearly as possible at school, just as does a parent at home or any other person (not necessarily a nurse) if the physician requests his/her assistance. The fact that this is a service or accommodation which the school is not legally required to perform, is recognized by the parent signing this form, and signing, agrees to hold the school or personnel, free from any or all suits which might arise out of these arrangements.

IT IS UNDERSTOOD THAT CARDEN OF THE FOOTHILLS SCHOOL IS NOT LEGALLY OBLIGATED TO ADMINISTER MEDICATION TO ANY CHILD, AND THEREFORE, I AGREE TO HOLD THE SCHOOL AND SCHOOL EMPLOYEES, FREE FROM ANY AND ALL RESPONSIBILITY FOR THE RESULTS OF SUCH MEDICATION OR THE MANNER IN WHICH IT IS ADMINISTERED AND TO INDEMNIFY EACH OF THEM AGAINST LOSS BY REASON OF ANY CIVIL JUDGEMENT ARISING OUT OF THESE ARRANGEMENTS WHICH MAY BE RENDERED AGAINST THEM.

I, the undersigned, who is the parent of _____ request that medicine be administered to my child in accordance with his/her physician _____ M.D. by a member of Carden of the Foothills staff. I will provide written dosage instructions with the medication – prescription or over-the-counter. I will notify the school immediately if we change physicians or if this medication consent is to be changed.

Parent Signature

Date

This form is to accompany PERScription MEDICATIONS.

When a prescription is in the original container, labeled with the pupil's name, physician's name, name of medication, dosage schedule, dose form and date of expiration, is accompanied by the attached form, and a signed "PARENT RELEASE FOR THE ADMINISTRATION OF MEDICINE" form is on file in the pupil's records, the school will, at the direct request of the parent and as a service or accommodation, administer the prescription medication as directed.

Complete and bring to the office with the RX

Parent Permission (Consent Form) for Medication Administration

In order to administer medication, this form must accompany medication. Please contact the office if you need more of this form.

Child's Name: _____ Date: _____

I hereby give permission to Carden of the Foothills to give my child medication on (date or period of time as follows):

Day _____ **or** From _____ to _____

Reason: _____

Name of Medicine: _____

Dosage: _____ @ _____ o'clock.

Specific Instructions: _____

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Parent's Signature _____ Date _____

This form is to accompany OVER-THE-COUNTER medications that are NOT labeled with the pupil's name, physician's name, name of medication, dosage schedule, dose form, and date of expiration.

When a physician prescribes an over-the-counter medication, it must be delivered to the office in its original container and be accompanied by the attached form. IF a signed, "PARENT RELEASE FOR THE ADMINISTRATION OF MEDICATION" form is on file in the pupil's records, the school will, at the direct request of the parent and as a service or accommodation, administer the over-the-counter medication as prescribed.

Complete and bring to the office with the RX

PHYSICIAN'S ORDER: To be completed if the medication is not labeled with the child's name, name of the drug, physician name and directions.

Date: _____

Child's Name: _____ Birthdate: _____

Condition for which drug is being given: _____

Name of Medicine: _____ Dosage: _____

Time to be given: _____

Relevant Side effects to be observed: _____

Other Suggestions: _____

Length of time during which medication shall be given:

From: _____ to _____

Doctor's Signature: _____

Address: _____

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Parent's Signature _____ Date _____