

SAN PASQUAL UNION SCHOOL DISTRICT PHYSICIAN'S STATEMENT

Section 1: This portion to be completed by school personnel

Student Name: _____ **Birthdate:** ____/____/____
Last First Middle Month / Day / Year

_____ School Teacher Room Grade

This form is valid for school year 2018-2019

Medication will be keep in Health Office – locked cabinet in the original container (unless indicated for student to carry)

Person(s) Authorized to Assist Student with medication are: Designated School Staff

Person responsible to bring medication to school: Parent or Guardian only

Medication refill will be brought to school: When supply is out

Section 2: This portion must be completed by a Physician licensed in the State of California

A. Name of Medication	Method of Administration	Dosage	Approximate time of day
1.			
2.			
3.			
4.			

B. Assistance needed for administration of medication to student (Observation, crushing medication, etc.)	
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C. Any specific details on how medication should be stored?	Medication #	At room temperature	In refrigerator

D. Do you wish to have the district nurse or school health assistant contact you at intervals to discuss this medication?

YES NO How often? Weekly Monthly Other: _____

_____ MD _____
Printed name of Physician CA Medical License Number Telephone Number

_____ MD _____
Signature of Physician Date

**AUTHORIZATION FOR MEDICATION ADMINISTRATION
(Education Code Section 49423)**

“Any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by a school nurse or other designated school district personnel if the district receives”:

1. A written statement from a physician licensed in the State of California detailing the method, amount, and time schedules by which such medication is to be taken. See the reverse side of form.
2. Written authorization from the parent/guardian of the pupil indicating the desire that school district personnel assist the pupil in the matters set forth in the Physician’s Statement. See authorization statement below.
3. Only medication prescribed by the pupil’s physician as being necessary to be taken by the pupil in the manner listed on the Physician’s Statement should be brought to school.
4. Medication brought to school will be given according to the provisions listed on this form. The prescription or original manufacturer’s container (for over the counter medications) must be clearly labeled with: *the name of the pupil; the name of the prescribing provider; the pharmacy who dispensed the medication or the manufacturer; the strength of the medication and the amount to be given (dose); the method of administration (oral, inhaled, topical, etc.); the specific time and or specific situations for which the medication is given.*
Parents may ask the pharmacist for “school packaging” – a separate container labeled just for the school time dose.
5. All medication must be brought to school by an adult.
6. Medications must be picked up by the parent or guardian within one day of the end of the school year or they will be discarded.
7. This authorization is valid only for the current school year. If any of the conditions in the Physician’s Statement change, a new form must be signed by the parent/guardian and the physician.
8. For students with a current IEP from Special Education, this authorization serves as an Individual Health Plan (IHP) added to the special education file. For other students, this authorization serves as a Section 504 Plan to accommodate the health needs of the pupil while at school.

**AUTORIZACIÓN PARA ADMINISTRACIÓN DE MEDICAMENTO
(Artículo 49423 del Código de Educación)**

“Todo estudiante que se requiera que tome, durante el día escolar regular, medicamento prescrito para él/ella por un médico, puede ser asistido por una enfermera escolar u otro empleado designado del distrito escolar si el distrito recibe”:

1. Una nota de un médico licenciado en el Estado de California detallando el método, la cantidad y las horas en las que se deberá administrar el medicamento. Véase el reverso del documento.
2. Una nota del padre/madre/tutor/tutora del estudiante indicando su deseo de que el personal del distrito escolar asista al estudiante en lo señalado en la nota del médico. Véase la autorización abajo.
3. Deberá ser traído a la escuela sólo el medicamento prescrito por el médico del estudiante, que sea necesario que él/ella tome del modo señalado en la nota del médico.
4. El medicamento traído a la escuela será administrado de acuerdo con las indicaciones de este documento. En la etiqueta del medicamento o del frasco del fabricante original (para medicinas de mostrador) deberá aparecer claramente *el nombre del estudiante; el nombre del médico que prescribió el medicamento; el nombre de la farmacia que provee el medicamento o del fabricante; la potencia del medicamento y la cantidad a administrar (dosis); el método de administración (oral, inhalado, local, etc.); la hora específica o las situaciones específicas por las que se administra el medicamento.*
Los padres pueden pedir al farmacéutico un “empaque escolar” – un frasco separado etiquetado exclusivamente para la dosis que deberá administrarse en la escuela.
5. Todo medicamento deberá ser traído a la escuela por un adulto.
6. Los medicamentos deberán ser recogidos por el padre o tutor hasta un día antes de que finalice el año escolar o serán tirados a la basura.
7. Esta autorización es exclusivamente para el año escolar que corre. Si cambia alguna de las condiciones de la Nota del Médico, el padre/madre/tutor/tutora y el médico tendrán que firmar un nuevo documento.
8. Para los estudiantes con un Programa Educativo Individualizado vigente de Educación Especial, esta autorización sirve como un Plan de Salud Individual (IHP) agregado al expediente de educación especial. Para otros estudiantes, esta autorización sirve como Plan del Artículo 504 para llenar las necesidades de salud del estudiante mientras está en la escuela.