** Catalina Camp Medication Authorization Form **

6th Grade Parents/Guardians

For Students Needing ANY Medication

In order to administer **ANY** Medication to your student, **Prescription (Rx) and/or Over-the-Counter (OTC)**—Thurston Middle School requires that you deliver ANY medication and the completed HEALTH CARE PROVIDER REQUEST for MEDICATION form to the Thurston Health Office—

If ANY Medication Administrations are Needed:

1. Please print a HEALTH CARE PROVIDER REQUEST for MEDICATION form
2. Fill out and sign the Parent section
3. Deliver form to student's Physician to complete bottom section
4. Return a completed form for each Medication needed to Thurston

Absolutely No later than Friday September 22th, 2017.

Examples

Rx:

- **EPI-Pens, , Inhalers, Diabetes Supplies, AM & PM Medications,**
- **Or Any Other "Must Have" Prescriptions**

OTC:

- **Advil, Tylenol, or Generic**
- **Claritin, Zyrtec, Benadryl, or Generic, etc.**
- **Dramamine, Bonine or Generic, etc.**
- **Or Any "Must Have" Over the Counter**

SMALL Containers Please

The Thurston Health Clerk must be able to log each student's medication information before departure.

All Medication **must** be in its original prescription (Rx) and/or smallest (OTC) container along with the HEALTH CARE PROVIDER REQUEST for MEDICATION form filled out completely by your child's physician and you. If your child is taking more than one (1) medication you will need a form for **each additional (Rx) or (OTC).**

These medications must be clearly labeled in the original container with Student's name in a "Ziploc type bag".

Thank you,

Elizabeth Phillips
Thurston Health Clerks
(949)497-7785 x 2006

Orange County Department of Education
Instructional Services

WILLIAM M. HABERMAN
County Superintendent of Schools

PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR MEDICATION

Name of Student: _____ Birthdate: _____
School/District: _____ Teachers Name: _____ Grade/Track: _____

PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION PRESCRIPTION AND NONPRESCRIPTION

Parent

California Education Code Section, 49423 allows the school nurse or other designated non-medical school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school and to maintain, or improve his/her potential for education and learning.

I request that medication be administered to my child in accordance with our authorized health care provider written instructions. I understand that designated non-medical school personnel may assist in carrying out written orders under supervision of a qualified School Nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing authorized health care provider. I give permission for the school nurse to exchange medication-related information with the authorized health care provider. The school nurse may counsel appropriate school personnel regarding the medication and its possible effects.

Emergency medicine such as EpiPen or inhalers may be carried by the student when recommended by an authorized health care provider and parent/guardian. Back-up medication should be kept at school for emergency use. I release the district and school personnel from civil liability if my child suffers an adverse reaction as a result of self-administering medication.

Parent/Guardian Signature: _____ Date: _____

Telephone: (Work) _____ (Home) _____

AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION

Physician

Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

If PRN: Amount of time between doses _____ Maximum number of doses _____ per day.

Possible medication reactions: _____

Instructions for emergency care _____

Authorized Health Care Provider Signature: _____

Telephone _____

Office Stamp

Date of Request: _____

Date to Discontinue Medication: _____

Regarding EpiPen/Inhalers: It is my professional opinion that this student should be permitted to carry/self administer this emergency Inhaler/EpiPen. This student has been instructed in, and demonstrates an understanding of proper usage.

Health Care Provider Initials _____

SCHOOL USE:
Reviewed by: _____ Date: _____

This request is valid for a maximum of one year.

Revised: 06/26/13

WILLIAM M. HABERMEHL
County Superintendent of Schools

Orange County Department of Education
Instructional Services

PARENT NOTIFICATION FOR THE ADMINISTRATION OF MEDICINE AT SCHOOL

Name of Student: _____

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent/guardian and an authorized health care provider. An authorized health care provider is an individual who is licensed by the State of California to prescribe medication. **Medications, both prescription and over the counter**, may be given at school when it is deemed absolutely necessary by the authorized health care provider that the medication be given during school hours. **The parent/guardian is urged, with the help of your child's authorized health care provider, to work out a schedule of giving medication at home whenever possible.**

California Education Code, Section 49423 allows school personnel to assist in carrying out an authorized health care providers written orders. Designated non-medical school personnel may be assisting with your child's medication. They will be trained and supervised by credentialed school nurses. Medication will be safely stored and locked or refrigerated, if required.

Emergency medicine such as EpiPens or inhalers may be carried by the student **when recommended by a authorized health care provider and parent/guardian**. When appropriate, the school nurse will evaluate the student's ability to safely self-administer the medication based on written district guidelines. (Title 5). Back up medication should be kept at school for emergency use. Students who have a serious medical condition (diabetes, epilepsy, etc.) should have an emergency supply of their prescription medication at school with the appropriate consent forms in the event of a disaster.

IF MEDICATION IS TO BE ADMINISTERED AT SCHOOL, ALL OF THE FOLLOWING CONDITIONS MUST BE MET:

1. A written statement signed by the licensed authorized health care provider/dentist specifying the reason for the medication, the name, dosage, time, route, side effect; and specific instructions for emergency treatment must be on file at school.
2. A signed request from the parent/guardian must be on file at school.
3. Medication must be delivered to the school by the parent/guardian or other responsible adult.
4. Medication must be in your child's original, labeled pharmacy container written in English.
5. All liquid medication must be accompanied by an appropriate measuring device.
6. If pill splitting is required to obtain the correct dose of medication to be administered, only pills that are scored may be split, scored pills may be split in half only, and a c ommercial pill splitting device should be used for correct splitting.
7. Over the counter medication that has been prescribed by an authorized health care provider must be in its original container.
8. A separate form is required for each medication.

NOTE: Whenever there is a change in medication, dosage, time, or route the parent/guardian and authorized health care provider must complete a new form. Please discuss your authorized health care provider's instructions with your child, so that he/she is aware of the time medication is due at school.

This request is valid for a maximum of one year.

Revised: 06/26/13