

**Parent or Guardian:  
Please read carefully before signing.**

*Templeton Unified School District*

## **AUTHORIZATION TO DISPENSE MEDICATION**

***Parents are requested to give medication at home and on a schedule other than during school hours. If it is necessary that a prescription or over-the-counter medication be given during school hours, the following regulations will be followed.***

- Medication must be brought to school by an adult in the original container with the appropriate pharmacy label or package instructions intact. (When you get prescriptions filled, you can ask the pharmacist to divide the medication into two containers so you will have one for school and one for home use.) Refills need to be brought to the office by an adult and the new container left with the office.
- Parent/guardian must sign the opposite side of this form granting designated school personnel permission to administer medication and acknowledging that you have read and agree to the terms of this form.
- Physician must complete the opposite side of this form for **all** medications.
- For long-term medication, a consent form must be completed by the parent/guardian and physician for each new school year.
- It is the student's responsibility to come to the office to obtain his/her medication.
- If there is a change in the medication, method of administering the medication, frequency or medication dosage, the physician and parent must complete a new form.
- At the end of the school year, all medications must be picked up by the parent/guardian within five (5) working days, or it will be destroyed per safety regulations.
- With parent **and** physician approval, students may be allowed to carry inhalers and epipens. For the safety of all students, the school nurse **recommends** that this be limited to 5<sup>th</sup> grade students and older. Students carrying medication must use them appropriately and not allow other students access to them.
- Students with written permission to carry and administer inhalers or auto-injectable epinephrine from their physician and parent may be subject to disciplinary action under Education Code section 48900 if the student uses inhaled asthma medication or auto-injectable epinephrine in a manner inconsistent with the law.
- Permission is granted to school nurse or designated school employee to contact the physician regarding the medication

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Templeton Unified School District

**PARENT’S/GUARDIAN’S CONSENT**

(Please read opposite side **before** signing.)

I am the parent or guardian of \_\_\_\_\_. I direct the school district to assist my child in taking the following medication in accordance to the prescription issued by the physician and package instructions.

Name of medication: \_\_\_\_\_ Amount: \_\_\_\_\_

Method: \_\_\_\_\_ Time: \_\_\_\_\_

I request that my child’s inhaler/epi-pen be kept with him/her and that he/she be allowed to self-administer the inhaler/epi-pen. The school will not be responsible for its loss or inappropriate use or any adverse reaction to the medication.

By signing below, I am providing my consent for the school nurse or other designated personnel to consult with the healthcare provider listed below regarding any questions that may arise with regard to the medication.

By signing below, I release the school district and school personnel from civil liability if my child suffers an adverse reaction by taking medication pursuant to Board policy and Administrative Regulation 5141.21. I agree to indemnify and hold harmless the Templeton Unified School District, its officers, agents, and employees, for any injury, illness, or death which may occur as a result of assisting with administration of the medication.

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

Printed Name: \_\_\_\_\_

**PHYSICIAN’S CONSENT**

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

Method of administration: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

**OPTIONAL: Asthma inhalers and Epi-pen’s only. Physician only may complete this. Recommended for students no younger than 5<sup>th</sup> grade.**

- Inhaler/Epi-pen is to be kept in school office and used under adult supervision
- OR
- Child has shown to physician, ability and knowledge in use of inhaler or epi-pen and may carry on body and self-administer per physician instructions.

Note: If child carries inhaler or epi-pen, school will not be responsible for its loss or inappropriate use.

By signing below, I hereby attest that administration of the medication described above at school is medically necessary.

Date: \_\_\_\_\_ Physician’s Signature: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Printed Name: \_\_\_\_\_