

**CULVER CITY UNIFIED SCHOOL DISTRICT**  
**Physician's Recommendation for Medication Administration**

<b>STUDENT INFORMATION:</b>			<b>SCHOOL YEAR:</b> _____	
Student's Last Name	First	Middle	Age	Birthdate
Name of School		Grade	<i>For Elementary Students:</i> _____	
		<i>(please indicate)</i>	Name of Teacher	Room #

**PARENT/GUARDIAN AUTHORIZATION:**

- I give consent for my child to receive the medication(s) listed below as directed by the physician's authorization.
- I acknowledge that it may be necessary for an individual other than the school nurse to administer medication to my child and I specifically consent to such practice.
- I give permission for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of the medication listed below.
- I agree to indemnify and hold harmless the school district, its employees and agents against any claims, except in the willful and wanton conduct, arising out of the administration of this medication or the child's self-administration of this medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Home Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**PHYSICIAN AUTHORIZATION:**

Name of Medication	Form (tablet/liquid)	Dosage (mg)	Route	Time/Freq	Discontinue Date*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Side Effects or Special instructions: \_\_\_\_\_

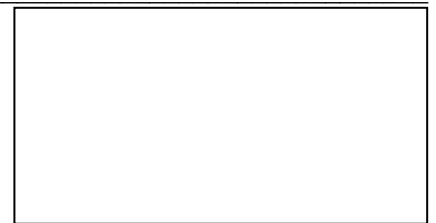
Medical Diagnosis/Reason for medication: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

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



*Please place Prescriber's Stamp here*

**SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL:**

FOR EMERGENCY MEDICATION ONLY (applies to rescue inhalers for asthma and epinephrine auto-injectors for anaphylactic reactions): a student may carry and self-administer his/her medication with the written authorization from a physician, written authorization of the student's parent/guardian and the approval of the school nurse.

	Signature: _____	Date: _____
Physician's authorization for self-carry and self-administration:	_____	_____
Parent/Guardian authorization for self-carry and self-administration:	_____	_____
School Nurse: Approval or Denial of self-carry/self-administration	_____	_____

*\*All requests will automatically expire at the end of the current school year; if the medication is to be administered short-term (for example, antibiotics), please indicate the discontinue date.*

## Instructions and Procedures

- A new Physician's Recommendation for Medication Administration form is required each school year or when there is a change in the medication.
- Along with the signed Physician's Recommendation for Medication Administration form, all medications must be provided by an adult to the Front Office at any CCUSD elementary school. At the Middle and High School, all medications must be provided to the Nurse's Office; students are permitted to bring their medications to the Nurse's Office.
- All medications must be valid through the end of the current school year; please check the expiration date.
- All prescription medications and over-the-counter medications must be registered with the School Nurse and stored in the Front Office - elementary schools or Nurse's Office – MS/HS (only emergency medications can be carried by students).
- All prescription medication must be provided in a container with an original pharmacy label, including the student's name, name of the medication, dose, route, time to be administered and prescribing physician's name. Non-prescription (over-the-counter) medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
- The prescribing physician and parent/guardian must provide written authorization to request that the student be allowed to self-carry and self-administer emergency medications (inhalers for asthma and epinephrine auto-injectors for anaphylaxis). The School Nurse must evaluate and approve the student's ability to self-administer emergency medication before any medication can be carried at school.
  - In the event that a student self-administers his/her emergency medication at school, the student must immediately report to the Front Office – elementary schools or Nurse's Office – MS/HS so that they can be monitored; 911 may be called.
- The parent/guardian is responsible for collecting any unused portion of a medication within one week after the discontinue date of the physician's order or by the end of the current school year, whichever is first. Medication not claimed within that time period will be destroyed.
- To ensure the safe administration of the above medication, the Certified School Nurse is permitted to contact the prescribing physician, as allowed by *Health Insurance Portability and Accountability Act* (HIPAA).
- Students must comply with the school rules and understand that if they are found to be in possession of any drugs/medications not registered with the Nurse's Office, they will be subject to disciplinary action in accordance with the law and CCUSD board policies.
- Pursuant to California Education Code 49423 and 49423.1, the school nurse or other designated school personnel may assist a student when medication is needed during the school day.