

**Bonita Unified School District**  
**Office of Health Services**  
**Authorization for Medication to be Given During School Hours**

**Parent Section:**

STUDENT'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

I hereby give my permission for school personnel to give the medication listed below as directed. I also give the school nurse permission to contact the physician regarding the child's reaction to the medication or if there is a change in the child's health status.

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

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

---

**Physician Section:**

Medical Diagnosis: \_\_\_\_\_

Medication Name / Generic Name: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

Discontinue date: \_\_\_\_\_

List significant side effects: \_\_\_\_\_

*Due to the student's health condition of asthma, migraines, and or anaphylaxis, student must carry medication on his/her person:  Yes  No (not recommended for elementary aged students)*

Physician's Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Physician's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**All medication authorizations are good for the current school year only**

## Medication Administration in School

### A. GENERAL POLICY

1. Education Code Section 49423 and 49423.5 (Board Policy 5220) states that any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel.
2. No student shall be given medication during school hours except upon written request from a California licensed physician/healthcare provider who has the responsibility for the medical management of the student. All such requests must be signed by the parent or guardian.
3. A new form is required for each prescription change and at the beginning of each school year.

### B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

1. Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medications. Controlled medications, when delivered to school, will be jointly counted by parent and health office designee.
3. Students are not permitted to carry prescribed or over-the-counter medication on a school campus. Exception noted on medication form.
4. Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.

### C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT OR GUARDIAN

1. A request form for prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school administrator or his designated representative.
2. The container must be clearly labeled by the physician or pharmacy with the following information:
  - a. Student's name
  - b. Physician's name
  - c. Name of medication
  - d. Dosage and schedule
  - e. Date of expiration of prescription
3. Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed healthcare provider.

### D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. The school administrator/designee will assume responsibility for placing medication in a locked cabinet.
2. Students will be assisted with taking medications according to the physician's instructions and the procedure observed by a school staff member.

### E. RESPONSIBILITY OF STUDENT

1. Students will come to the Health Office for medication at prescribed times.
2. Students will not share an over-the-counter or prescription medication with anyone else.

*If you have any questions or concerns, please do not hesitate to call your school health office.*