



Temecula Preparatory School

A Classical Charter School

AUTHORIZATION FOR PRESCRIBED AND OVER-THE-COUNTER MEDICATION ADMINISTRATION AT SCHOOLS WITHIN THE COUNTY OF RIVERSIDE

Name of Student: _____ Grade: _____

Date of Birth: _____ School: Temecula Preparatory School

Education Code 49423 authorizes 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 personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

I request medication prescribed be administered to my student and agree to hold Temecula Preparatory School and the Temecula Valley Unified School District, its officers and employees harmless from all liability or claims which might arise out of these arrangements. I give my permission to contact the physician for consultation as needed.

Parent/Guardian Signature

Date

Home Phone

Work Phone

Physician Authorization Form *One medication per form*

<i>Name of medication:</i>	<i>Health condition for which medicine RX:</i>
<i>Time(s) to be taken:</i>	<i>Dosage:</i>
<i>Method of administration:</i>	<i>Precaution-possible untoward reactions:</i>
<i>Date to be discontinued:</i>	<i>Physician's Telephone Number:</i>
<i>Name of physician (Please print):</i>	<i>Date:</i>
<i>Physician's Signature:</i>	

Please return this form to your child's school health office signed by the physician and the parent or guardian. NO MEDICATION WILL BE ADMINISTERED WITHOUT THESE REQUIRED SIGNATURES.

PLEASE SEE RESPONSIBILITIES ON REVERSE SIDE.



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ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

General Policy:

1. No student shall be given medication during school hours except upon written request from a licensed physician/healthcare provider who has the responsibility for the medical management of the student. The parent or guardian must sign all such requests.
2. A new form is required for each prescription change and at the beginning of each school year.

Responsibility of Parent/Guardian

1. The parent/guardian 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. The parent/guardian will assume full responsibility for the supply and transportation of all medications.
3. The parent/guardian may administer medication to their child on a scheduled basis arranged with the school. Students ARE NOT permitted to carry prescribed or over-the-counter medication on a school campus.
4. The parent/guardian may pick up unused medication from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.

Responsibility of the Physician and Parent/Guardian

1. A request form for the prescribed medication must be completed by the pupil's physician, signed by the parent/guardian, and filed with the school administrator or his/her designated representative.
2. The container must be clearly labeled by the physician and/or pharmacy with the original label and must contain the following information:
 - i) Student's name
 - ii) Physician's name
 - iii) Name of medication
 - iv) Dosage, schedule (specific to school) and dose form
 - v) Date of expiration of prescription
3. Each medication is to be in a separate pharmacy container prescribed for the student by a California physician.