



PHYSICIAN'S RECOMMENDATIONS FOR MEDICATION

Student's Last Name, First Name, Middle Initial, Age, DOB: month/day/year
Muirlands Middle School, 858-459-8075, Name of School, School's Fax Number, Teacher's Name & Room No., Grade

In accordance with California Education Code section. 49423, this form must be completed by a California licensed physician (or other healthcare provider who has the authority to prescribe medication) and be on file for any student who requires medication(s) during the regular school day.

TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER

A. Nature of condition requiring medication during the regular school day:

Table with 5 columns: Name of Medication, Method of Administration, Dosage Amount, Time to be given, Frequency. Rows 1 and 2.

C. Discontinue Medication #1 (date): Discontinue Medication #2 (date):

Health Care Provider's Name (print): Signature:

License No. Phone No. Fax No. Date:

Supervising Physician's Name/Address/Phone# (if applies):

- D. Upon receipt of medication orders, the school nurse and the prescribing health care provider shall consult as needed. (Note: Only a licensed nurse may administer nonemergency medication by injection at school.) 1. A current medication form must be on file. A new form must be on file each school year for each medication. 2. Changes in prescribed dose and other details of medication administration must be provided to the school in writing by the authorized health care provider. 3. All medication must be in a container labeled by a pharmacist or prescribing health care provider. 4. An adult must bring the medication to the school and pick up any outdated or unused medication. 5. Parents/Guardians must provide all materials or necessary equipment for medication administration.

Cuando se reciben las ordenes de medicamentos, la enfermera de la escuela y el médico que prescribe consultarán cuando sea necesario. (Nota: Sólo la enfermera con licencia puede administrar inyección que no es para emergencias.)

- 1. Una actual forma de medicamento debe estar en el archivo. Una forma nueva se necesita cada año escolar. 2. Los cambios en dosis prescrita y otros detalles de administración de medicamentos debe ser proporcionada a la escuela por escrito por el médico autorizado. 3. Todos los medicamentos deben estar en un recipiente etiquetado con el farmacéutico o médico. 4. Un adulto debe traer el medicamento a la escuela y recoger cualquier medicamento vencido o no utilizado. 5. Padres/Tutores deben proporcionar todo lo que se necesita para administrar el medicamento.

I authorize the school nurse, or other school staff assigned by the site principal, to administer the medication as directed by the authorized health care provider. I understand that designated school staff has my permission to communicate with the prescribing physician/health care provider on matters related to this medication. Solicito que la enfermera de escuela, u otro empleado designado por el director/a, administre el medicamento según lo indica el médico. Entiendo que empleados designados de la escuela tienen mi autorización para comunicarse con el médico que recetó el medicamento respeto a asuntos relacionados con este medicamento.

Parent/Guardian's Signature, Daytime Phone Number, Month/Day/Year
Pat Robbins RN., Reviewed by (Name of School Nurse), School Nurse's Signature, Month/Day/Year