LOS ANGELES UNIFIED SCHOOL DISTRICT Attachment A
Student Health and Human Services

REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS
(To be completed by a CA Licensed Health Care Provider)

Student Name _____ ____ _____ _____
Last First Sex Birth date School

Name of Medication _____ Start date _____

Dosage prescribed _____ Time schedule at school _____ Route _____

How long is medication to be taken? ☐ 1 year ☐ short-term _____
Date medication to be discontinued or # of *days to be* given

Purpose of medication or diagnosis _____ ICD Code _____

Licensed Health Care Provider's Recommendations (Check where applicable)

☐ The medication may have adverse side effects (explain) _____

_____

☐ Special instructions and/or comments _____

_____

The student for whom this medication is prescribed is under my care.

_____ _____ _____
Print name/Title Signature Date

Print name of Supervising Physician _____ (NP, Midwife, PA)

Furnishing Number _____ (NP/Midwife)

REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS
(To be completed by parent/guardian)

I request that my child _____, be assisted in using prescribed medication at school. I assume full responsibility for supplying all medication and shall deliver it, or have it delivered, to the school by another responsible adult, and agree to the District policies and procedures listed on the reverse side. I give my permission for the exchange of medical information regarding administration of medication at school with the authorized health care provider and pharmacist.

_____ _____ _____
Date Signature of Parent/Guardian/Student 18 years Printed Name

(____)_____ (____)_____ (____)_____
Home telephone Work telephone Cellular telephone

_____ (___)_____
Address City State Zip code Telephone

DISTRICT PROCEDURES REGARDING MEDICATION TAKEN DURING SCHOOL HOURS

1. Prescription medications must be clearly labeled by a U.S. dispensing pharmacy and contain the following information: (consistent with prescription of authorized licensed health care provider)

   - Student's full name
   - Physician's name
   - Dosage, schedule, and route
   - How long medication is to be taken: 1 year or short-term (Date medication is to be discontinued or number of days medication is to be administered.)

2. In addition to a home supply, parent/guardian may request a second labeled bottle from the pharmacy for school use.

3. Non-prescription (over the counter) medications that have been authorized by this request, may be administered at school only if the medication is provided in the original container.

4. Request for Medication to be Taken During School Hours must be renewed annually.

5. Parent/Guardian will notify the school nurse or site administrator and provide a new Request for Medication to Be Taken During School Hours when there is a change in the student's medication, health status or authorized health care provider.

6. The school administrator or the administrator's designee will assume responsibility for placing the medication in a locked cabinet, storage unit or locked refrigerator.

7. The school administrator, the administrator's designee, or school nurse will assume responsibility for returning unused medication to the parent/guardian at the end of the student's school year.

8. If medication must be taken while a student is on a field trip, arrangements must be made through the school nurse.

9. All injectable medications require special arrangements.

   a. Injectable medications, such as insulin, used on a regular or as needed basis must be administered by licensed health care providers and require special arrangements.

   b. Injectable medications, which are to be given on an emergency basis, require special arrangements and training of school staff by the credentialed school nurse.

10. Each medication requires a separate written authorization.