



# LOS ANGELES UNIFIED SCHOOL DISTRICT Policy bulletin

## LOS ANGELES UNIFIED SCHOOL DISTRICT

Office of the Chief Medical Director

### REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

(To be completed by a CA Licensed Health Care Provider, or a physician or surgeon from Mexico contracted with a bi-national health plan who prescribes self-administered, inhaled asthma medication in accordance with C.E.C. Section 49423.1)

Student Name \_\_\_\_\_  
Last First Gender 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

\_\_\_\_\_  
Address City State Zip Code ( ) Telephone

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

#### Licensed Nurse Acknowledgement of Complete and Accurate Order

_____ Printed Name of Nurse	_____ Signature	_____ Title (RN, LVN)	_____ Date
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## 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 volunteer school staff by the credentialed school nurse/physician.
10. Each medication requires a separate written authorization.



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

- The medication may have adverse side effects (explain) \_\_\_\_\_
- Special instructions and/or comment \_\_\_\_\_

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

\_\_\_\_\_  
Print name/Title Signature Date

\_\_\_\_\_  
Address City State Zip Code ( ) Telephone

Print name of Supervising Physician \_\_\_\_\_ (NP, Midwife, PA)

Furnishing Number \_\_\_\_\_ (NP/Midwife)

### SOLICITUD PARA EL SUMINISTRO DE MEDICAMENTOS DURANTE EL HORARIO ESCOLAR (Deberá ser completado por el padre de familia o tutor legal)

Solicito que mi hijo(a) \_\_\_\_\_, reciba ayuda en la escuela para tomar la medicación prescrita. Asumo total responsabilidad con respecto al suministro de la medicación y entregaré la misma personalmente a la escuela o a través de otro adulto responsable. Acepto las normativas y procedimientos establecidos por el Distrito al dorso de la presente solicitud. Autorizo el intercambio de información médica vinculada con la administración de la medicación en la escuela, con el médico autorizado y con el farmacéutico.

\_\_\_\_\_  
Fecha Firma del padre, madre, tutor, o estudiante mayor de 18 años Nombre en letra imprenta

( ) ( ) ( )  
Teléfono particular Teléfono de trabajo Teléfono de celula

#### Licensed Nurse Acknowledgement of Complete and Accurate Order

Printed Name of Nurse	Signature	Title (RN, LVN)	Date
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February 2023



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### PROCEDIMIENTOS DEL DISTRITO ACERCA DEL CONSUMO DE MEDICAMENTOS DURANTE EL HORARIO ESCOLAR

1. Los medicamentos prescritos deben estar debidamente etiquetados por una farmacia en los Estados Unidos y deben contener la siguiente información (la cual tiene que coincidir con la que aparece en una receta expedida por un proveedor de atención médica autorizado):
  - ◆ Nombre completo del estudiante.
  - ◆ Nombre del doctor.
  - ◆ Dosis, horario y vía de consumo.
  - ◆ ¿Durante cuánto tiempo se tiene que consumir el medicamento? 1 año o a corto plazo: (Fecha en que se debe descontinuar el uso del medicamento o el número de días que se debe administrar el medicamento).
2. Aparte del medicamento para uso en casa, el padre, madre o tutor legal puede solicitar en la farmacia otro recipiente del medicamento, debidamente etiquetado, para uso en la escuela.
3. Los medicamentos no prescritos o de uso público regular cuyo uso se ha autorizado por medio de este documento pueden ser administrados en la escuela sólo si el medicamento se proporciona en el recipiente original.
4. La solicitud para administrar o tomar un medicamento durante el horario escolar se debe renovar anualmente.
5. El padre, madre o tutor legal notificará a la enfermera escolar o administrador de la escuela y proporcionará una nueva Solicitud de Medicamento para Administrarse en el Horario Escolar cuando se presente un cambio de medicamento para el estudiante, en el estado de salud del educando o del proveedor de atención médica.
6. El administrador escolar o persona asignada por el administrador asumirá la responsabilidad de colocar el medicamento en un gabinete con llave, en una unidad de almacenamiento o refrigerador con llave.
7. El administrador escolar, persona asignada por el administrador o la enfermera escolar asumirá la responsabilidad de devolver el medicamento que no se ha utilizado al padre, madre o tutor legal al terminar el año escolar del estudiante.
8. Si el medicamento se tiene que consumir durante un paseo escolar del estudiante, los arreglos necesarios se deben de llevar a cabo por conducto de la enfermera escolar.
9. Se requiere de un arreglo especial para todos los medicamentos que se deben administrar por vía de una inyección.
  - c. Los medicamentos que se administran por vía de una inyección, por ejemplo, la insulina, que se usan con regularidad o en caso necesario, deben ser administrados por proveedores de atención médica autorizados y requieren de arreglos especiales.
  - d. Los medicamentos que se administran por vía de una inyección, los cuales se deben administrar en casos de emergencia, requieren de arreglos especiales y la capacitación de un voluntario del personal escolar por parte de una enfermera escolar o doctor acreditado.
10. Cada medicamento requiere de una autorización escrita por separado.