



Central Valley Christian Academy

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PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

Pacific Union Education Code A23-124 states: Teachers are not to diagnose a health condition or give any internal medications, including aspirin, except as indicated in the following statement; Any student who is required to take medication during the regular school day as prescribed by a physician may be assisted by the school nurse or other designated school personnel if the school has on file the following: A). A written statement from such physician detailing the time schedules, amount, and method by which such medications is to be taken and, B). A written statement from the parent or guardian of the student indicating the desire that the school assist the student in matters set forth in the physician's statement.

PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

STUDENT: _____ BIRTH DATE: _____

ADDRESS: _____

Physical condition for which drug is given: _____

Name of Medication: _____

Dosage: _____ Method of Administration: Oral _____ Inhalation _____ *Injection _____

Time of School Day: _____

Medication continued until: _____

Possible reactions to be reported to physician: _____

Emergency Medications: (Please check if applicable)

_____ This student is both capable and responsible for self-administering and may carry an auto-injectable epinephrine or an inhaled asthma medication.

_____ This student is both capable and responsible for self-administering and may carry the following emergency medication: _____

Instructions for care of student following administration of medication, i.e. rest, home, hospital, doctor's office, return to class, other: _____

It is my judgment that the above medication **must** be given during school hours and may be administered by authorized (non-medical) personnel or the student and indicated above.

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

*Injection, please complete other side

PARENT RELEASE FOR ADMINISTRATION OF MEDICINE

It is understood that the school is not legally obligated to administer medication to my child; therefore I agree to hold the school and its' employees free from any or all suits which might arise out of these arrangements.

We, the undersigned, who are the parents of _____ request that medicine be administered to our child in accordance with the above request by a member of the school staff. I will notify the school if the medication is changed or stopped. **The medication to be taken at school will be furnished in its pharmacy-labeled bottle or OTC bottle with student's name written on it.**

Parents Signature: _____ Date: _____

Student Signature required for students who are allowed to carry and self-administer emergency medication:

Student Signature: _____ Date: _____

**REQUEST FOR ADMINISTRATION OF INJECTABLE*
MEDICATION DURING SCHOOL HOURS**

Additional instructions by physician for administration of injectable medication

History of severe reactions including symptoms _____

Specific symptoms requiring use of Kit _____

Directions for use of Kit _____

Is it all right for this child to go to class or on field trips? If so, what are your special instructions and concerns: _____

<p><u>Note to Physician:</u> It is the policy of Central Valley Christian Academy to initiate the emergency medical system (911) to deploy paramedics to the site if and when the Kit is used.</p>

* i.e. Epi-Pen Kit or Insulin or Glucagon