

NORWALK CHRISTIAN ACADEMY

Elementary Campus
11005 Foster Rd.
Norwalk, Ca. 90650

Kiddie Kampus Preschool
15108 Studebaker Rd.
Norwalk, Ca. 90650

MEDICATION PERMISSION AND WAIVER 2010/11
READ BOTH SIDES BEFORE SIGNING REQUEST

PHYSICIANS AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL DURING THE REGULAR SCHOOL DAY.

TO BE COMPLETED BY PARENT: Please Print or Type Student Information

Last Name _____ First _____ Date of Birth _____

The above named student is required to take medication prescribed by a physician during the regular school day which CANNOT be taken any other time. I request that designated school personnel assist my child in taking the medication in accordance with instructions provided below by the physician. I authorize the school to communicate with the physician below regarding my child's medical condition and or the medication prescribed. This authorization shall remain in effect for one (1) school year.

Date _____ Daytime Phone () _____ Parent/Guardian _____
(Signature)

Name of Medication _____ Purpose of Medication _____

Dosage Prescribed _____ Precise Method of Administering _____

Time to be administered (Between 9 AM and 3PM _____ Dose Form (Tablet, Liquid, Etc.) _____

Beginning Date _____ Ending Date _____ Expiration Date _____

Describe storage instruction, precautions, special instructions, possible adverse reaction, or other comments.

_____ The above named student, for whom this medication is prescribed, is under my care.

Print Name of Physician _____ Signature of Physician _____

_____ () _____ Date _____
Address Phone

The fact that this is a SERVICE or accommodation which is NOT LEGALLY REQUIRED to be performed is recognized by all parties signing this form, and in so signing they agree to hold the school and/or its personnel FREE of any or all suits which might arise out of these arrangements.

- 1) This form must be completed by a licensed physician and by student's parent/guardian.
- 2) Fill out a form for EACH MEDICATION. Fill out a new form when there is a change.
- 3) Medication must be in the original pharmacy container clearly labeled stating all prescription formation.

THIS REQUEST EXPIRES AT THE END OF CURRENT SCHOOL YEAR.

NOTICE – PLEASE READ BEFORE SIGNING REQUEST

LEGAL PROVISIONS

The purpose of allowing medication to be given to students by authorized school personnel is to help provide for their general welfare by following the instructions of their physicians. The Business and Professional Code, State of California further clarify this position.

The California Education Code (49423):

ADMINISTRATION OF PRESCRIBED MEDICATION FOR PUPIL Notwithstanding the provision Section 49422, 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 designated school 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 (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

UPON THE SIGNED WRITTEN REQUEST OF A PARENT OR LEGAL GUARDIAN, SCHOOL PERSONNEL MAY ASSIST STUDENTS TO TAKE PRESCRIBED MEDICATION DURING THE REGULAR SCHOOL DAY ONLY UNDER ALL OF THE FOLLOWING CONDITIONS:

- (1) The parent or legal guardian of the student requests that during regular school hours school personnel assist the students in taking medication prescribed by a licensed physician. That this medication cannot be taken at any other time than school hours. This request must be filed in the school office.
- (2) The prescribing physician completes a signed statement which details the method, dose amount, form, and time schedule by which such medication is to be taken as well as the name of the medication, purpose of the medication, date of the prescription with expiration date, and the length of time this medication will be necessary.
- (3) The parent/guardian of the student consents in writing for the school to contact the prescribing physician for information relevant to the medical condition or medication. The parent instructs the physician to answer any questions posed by the school regarding the medical condition or the medication prescribed.
- (4) The parent/guardian is solely responsible for supplying all medication with which assistance is requested.
 - a) The student may bring no prescribed medication to school.
 - b) Parent/guardian or other adult will deliver any prescribed medications to the school office to be administered under the provisions of this policy. If the student arrives before office hours, the medication may be delivered to a daycare worker.
 - c) Each medication must be clearly labeled in the original prescription container.
 - d) A Medication Permission and Waiver Form must accompany the prescription. If the form is not available the school will accept a note from the doctor.
- (5) Whenever possible the parent or legal guardian should come to the school to administer medication.
- (6) Medications that are prescribed to be taken 3 times a day do not need to be administered during the regular school hours. Daycare workers will not administer medications.

A NURSE IS NOT PRESENT ON THE SCHOOL CAMPUS. THEREFORE, BECAUSE NON-MEDICAL TRAINED PERSONNEL MAY PROVIDE THIS ASSISTANCE, PARENT MUST ASSURE THAT PHYSICIANS PROVIDE COMPLETE PRECISE LEGIBLE DIRECTIONS AND INSTRUCTIONS. THE SCHOOL IS NOT RESPONSIBLE FOR NOTIFYING PARENTS BEFORE OR AFTER PRESCRIBED MEDICATION IS DEPLETED OR THE EXPIRATION DATE OCCURS. THIS REQUEST FOR SCHOOL ASSISTANCE WILL EXPIRE AT THE END OF THE SCHOOL YEAR IN WHICH IT IS MADE.