Part I: ORDER FOR ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY

In accordance with California Education Code section 49423, this form must be completed by an authorized California healthcare provider and be on file for any student who requires medication(s) during the regular school day.

Student: Last Name | *First Name* | *Middle Initial* | *DOB: month/day/year* | *Grade/Room#*

School Name | *School Phone Number* | *School Fax Number* | *Credentialed School Nurse (if applicable)*

TO BE COMPLETED BY AN AUTHORIZED CALIFORNIA HEALTH CARE PROVIDER:

(California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants - California Code of Regulations, Title 5, section 601[a])

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

B. **Name of Medication** **Method of Administration** **Dosage** **Amount** **Time to be given** **Frequency**

_____

C. **Discontinue** medication on (date): _____

D. ***Student is authorized to carry, and is able to self-administer*** *prescription for* ***asthma*** *or* ***diabetes*** *(authorized licensed healthcare provider initials: _____).*

E. **Student is authorized to carry, and is able to self-administer** auto-injectable **epinephrine** independently (authorized licensed healthcare provider initials: _____).

Authorized Healthcare Provider Name (print) | Signature | Date

License Number | Phone Number | Fax Number

SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS

Parental Authorization

I authorize the credentialed school nurse or other licensed healthcare provider (RN, LVN) designated by the responsible administrator, to administer the medication as directed by the authorized health care provider. I understand that the school nurse has my permission to communicate with the prescribing licensed health care provider on matters related to this medication.

Parent/Guardian Name (print) | Signature | Daytime Phone Number | Date

Reviewed by Credentialed School Nurse (print) | Signature | Date

Part II: ORDER FOR DELEGATION OF ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY

WHEN BEING ADMINISTERED BY AN UNLICENSED VOLUNTEER SCHOOL EMPLOYEE: The prescribing California authorized licensed healthcare provider is delegating the administration of the medication ordered above to the identified unlicensed volunteer school employee, who has agreed to administer the medication. ***The licensed health care provider delegating to a designated, trained unlicensed volunteer school employee will complete the delegation authorization section below".***

I voluntarily agree to administer the medication as directed by the delegating authorized healthcare provider. I understand that I may communicate with the authorized delegating healthcare provider on matters related to the medication. My signature below affirms that I have successfully completed training to administer the medication. I understand that I may revoke my agreement to administer the medication at any time, for any reason, and will not be penalized by my employer for such revocation.

Volunteer School Employee Name | Signature | Daytime Phone Number | Date

Delegating Healthcare Provider Name | Signature | Date

I authorize the ***unlicensed volunteer school employee*** identified in this section to administer the medication as directed by the delegating healthcare provider. I understand that the unlicensed volunteer school employee has my permission to communicate with the delegating healthcare provider on matters related to this medication.

Parent/Guardian Name | Signature | Daytime Phone Number | Date

Reviewed by School Administrator | Signature | Date

Distribution: School Administrator, School Nurse and Unlicensed Volunteer, if applicable

This form meets all criteria of the August, 2013 California Supreme Court decision and has been vetted by the American Nurses Association

Rev: 3/30/2014