



## STUDENT MEDICATION PERMISSION FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**ALL medications** (including Over-The-Counter medicine and prescriptions) require a new permission form **EVERY year**. New dosage requires an updated form. A parent can terminate medications at any time. **A physician/medical provider's order is accepted if details are complete and parent signs this form.** For more information: <https://www.cde.ca.gov/ls/he/hn/documents/medadvisory.pdf>

**PARENT/GUARDIAN: Please review, sign & provide a completed Physician Statement for medications at school (below or attach):**

- **Medications** must be brought in original container with pharmacy label matching the student and order.
- **Student's family** is responsible for replacing expired or empty medications.
- **This form authorizes school nurse or health clerk to communicate with ordering physician or pharmacist regarding medications.**
- I understand a credentialed school nurse **IS NOT** on campus daily. Designated school personnel will administer medication per written authorization. Your signature will allow school personnel, pursuant to CA Education Code, Section 49423, to assist your child with medication administration at school per Physician Statement (below or attached).
- I release Rescue Union School District (RUSD) and personnel from civil liability if the student suffers adverse reactions by medications.
- **I understand that MEDICATIONS THAT ARE NOT CLAIMED ON LAST DAY OF SCHOOL WILL BE DISCARDED**

Parent/Legal Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN'S STATEMENT:** This student should be given these medication(s) *Please complete additional forms for additional medications.*

MEDICATION & ROUTE OF ADMINISTRATION	DIAGNOSIS	DOSE	TIME and/or FREQUENCY	POSSIBLE SIDE EFFECTS	DURATION
<b>1</b>			<input type="checkbox"/> ____am <input type="checkbox"/> ____pm  <input type="checkbox"/> Q ____Hours PRN: _____	<input type="checkbox"/> ↑ HR <input type="checkbox"/> HA <input type="checkbox"/> Drowsiness <input type="checkbox"/> Other: _____	<input type="checkbox"/> School Year  <input type="checkbox"/> Other: _____
<b>2</b>			<input type="checkbox"/> ____am <input type="checkbox"/> ____pm  <input type="checkbox"/> Q ____Hours PRN: _____	<input type="checkbox"/> ↑ HR <input type="checkbox"/> HA <input type="checkbox"/> Drowsiness <input type="checkbox"/> Other: _____	<input type="checkbox"/> School Year  <input type="checkbox"/> Other: _____
<b>3</b>			<input type="checkbox"/> ____am <input type="checkbox"/> ____pm  <input type="checkbox"/> Q ____Hours PRN: _____	<input type="checkbox"/> ↑ HR <input type="checkbox"/> HA <input type="checkbox"/> Drowsiness <input type="checkbox"/> Other: _____	<input type="checkbox"/> School Year  <input type="checkbox"/> Other: _____

Is student able to self-carry/administer permissible medication (inhaler, epi, or glucagon)?  No  Yes **Circle which med(s) 1 2 3**

Additional information/concerns: \_\_\_\_\_

Physician/Medical Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Medical Provider's Office Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

School Nurse Reviewed Order (Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>RUSD Nurses:</b> 530-672-4830, Fax 530-672-1889	<input type="checkbox"/> Lakeview Elementary: 916-941-2600, Fax 916-941-3826
<input type="checkbox"/> Green Valley Elementary: 530-677-3686, Fax 530-677-6532	<input type="checkbox"/> Rescue Elementary: 530-677-2720, Fax 530-677-9705
<input type="checkbox"/> Jackson Elementary: 916-933-1828, Fax 916-933-5569	<input type="checkbox"/> Marina Middle: 916-933-3993, Fax 916-933-3995
<input type="checkbox"/> Lake Forest Elementary: 916-933-0652, Fax 916-933-0654	<input type="checkbox"/> Pleasant Grove Middle: 530-672-4400, Fax 530-677-5829

**RUSD MEDICATION FORM is based on California Education Code Section 49423:** Administration of Prescribed Medication for Pupil: *Notwithstanding the provisions of Section 49422, any pupil* who is required to take ANY medication while at school may be assisted by school personnel however, they must provide a written physician's statement detailing use of the medication (**including OTC**), and include the method, amount, timing, of the medication to be taken. Parental or guardian permission on our district form is also required. The written statement **MUST** be renewed annually OR if there are any changes to the given medication as initially prescribed.