Waterford Unified School District

Educational Services Office

219 N. REINWAY AVE. #3 • WATERFORD, CA 95386

Tel: 209-874-1809 • Fax: 209-874-9220

CONSENT FOR SELF-ADMINISTRATION OF MEDICATION RELEASE OF MEDICAL INFORMATION AND RELEASE OF LIABILITY

I hereby consent for my child, _____ to self-administer the following medication during the regular school day or when attending school related activities:

☐ Auto-injectable epinephrine ☐ Inhaled asthma medication

I also consent to disclose identifiable health information by the health care provider to the school nurse or other personnel designated by _____

I acknowledge that I have an obligation to notify the school if my child's medication, dosage, frequency, or administration or reason for administration changes during the school year.

I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue the District, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.

_____ _____

Date Signature of Parent/Guardian

_____

Printed Name of Parent/Guardian

Date _____ Reviewed by School Nurse

(Signature) _____ ☐ Asthma Contract Attached

Date _____ Reviewed by Principal

(Signature) _____

This request **MUST** be updated annually and medication claimed within one week beyond the end of the school year.

Waterford Distrito Escolar Unificado de

Servicios Educativos Oficina

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CONSENTIMIENTO PARA LA AUTO-ADMINISTRACIÓN DE MEDICAMENTOS DIVULGACIÓN DE INFORMACIÓN MÉDICA Y LIBERACIÓN DE RESPONSABILIDAD

Doy mi consentimiento para que mi hijo, _____ a se auto-administrarse el siguiente medicamento durante el día escolar regular o cuando asisten a actividades relacionadas con la escuela:

☐ Auto-inyectable epinefrina ☐ asma inhalada medicación

Que también consiento a revelar información de salud identificable por el proveedor de servicios de salud a la enfermera de la escuela u otro personal designado por _____

Yo reconozco que tengo la obligación de notificar a la escuela si el medicamento, la dosis, la frecuencia o la administración o la razón de la administración de mi hijo cambios durante el año escolar.
Yo, en nombre de mí mismo, mi hijo, nuestros herederos, albaceas y cesionarios, por la presente se compromete a indemnizar y mantener indemne, liberar y pacto de no demandar al Distrito, sus funcionarios, empleados, y agentes, por cualquier y toda responsabilidad, reclamación o causa de acción de cualquier naturaleza, incluyendo pero no limitado a daño personal o muerte, que puede ser el resultado de la autoadministración de mi hijo de la medicación.

_____ _____
Fecha Firma del padre / Tutor

_____
Nombre del Padre / Tutor

Fecha _____ Comentado por Enfermera Escolar

(Firma) _____ ☐ Contrato Asma Attached

Fecha _____ Revisado por Principal (Firma) _____

Esta solicitud **deberá** ser actualizada anualmente y medicación afirmó en una semana más allá del final del año escolar.

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REQUEST FOR SELF-ADMINISTRATION OF MEDICATION AT SCHOOL
(Only for auto-injectable epinephrine or inhaled asthma medication)

Student: _____ Birth Date: _____

School: _____ Teacher: _____

To Be Completed By Authorized Health Care Provider

Medication 1	Medication 2
Medication Name: _____	Medication Name: _____
Reason for Medication: _____	Reason for Medication: _____
Dose: _____	Dose: _____
Method of Administration: _____	Method of Administration: _____
Time of Administration: _____ Start: ☐ Immediate ☐ Other Date: _____ Stop: ☐ End of Year ☐ Other Date/Duration: _____	Time of Administration: _____ Start: ☐ Immediate ☐ Other Date: _____ Stop: ☐ End of Year ☐ Other Date/Duration: _____
☐ For episodic/emergency events only	☐ For episodic/emergency events only
Restrictions and/or important side effects ☐ None anticipated ☐ Yes, please describe: _____	Restrictions and/or important side effects ☐ None anticipated ☐ Yes, please describe: _____
Special Storage Requirements: ☐ Refrigerate ☐ None	Special Storage Requirement: ☐ Refrigerate ☐ None
<u>This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication</u> ☐ Yes – Supervised ☐ Yes – Unsupervised ☐ No	<u>This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication</u> ☐ Yes – Supervised ☐ Yes – Unsupervised ☐ No
This student may carry medication: ☐ Yes ☐ No Please indicate any additional information	This student may carry medication: ☐ Yes ☐ No Please indicate any additional information

Health Care
Provider's Signature: _____ Date: _____

Phone #: _____ Address: _____

The school nurse or other authorized school personnel will administer the medication at school, unless otherwise indicated by the health care provider

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SOLICITUD PARA ADMINISTRAR MEDICAMENTO EN LA ESCUELA

Alumno: _____ Grado: _____ Fecha de Nacimiento: _____

Escuela: _____ Tel. #: _____ Maestro/Salón: _____

DE SER COMPLETADO POR UN PROVEEDOR DE SALUD AUTORIZADO

Medicamento 1

Nombre del Medicamento: _____

Razón por el Medicamento: _____

Dosis: _____

Método de Administración: _____

Hora de Administración: _____

Empezar: Inmediatamente □ Otra Fecha: _____

Stop: Al Final de Año □ Otra Fecha/Duración
□ Por evento de episodio/emergencia solamente

Restricciones y/o reacciones al medicamento
□ Ninguna Anticipadamente
□ Sí, Favor de Describir: _____
_____

Requisitos para almacenarse:
□ Refrigerarse □ Ninguna

Medicamento 2

Nombre del Medicamento: _____

Razón por el Medicamento: _____

Dosis: _____

Método de Administración: _____

Hora de Administración: _____

Empezar: Inmediatamente □ Otra Fecha: _____

Stop: Al Final de Año □ Otra Fecha/Duración
□ Por evento de episodio/emergencia solamente

Restricciones y/o reacciones al medicamento
□ Ninguna Anticipadamente
□ Sí, Favor de Describir: _____
_____

Requisitos para almacenarse:
□ Refrigerarse □ Ninguna

Este estudiante es capaz y responsable de auto-inyectable epinefrina auto-administración o medicamento inhalado para el asma
□ Sí - Supervisado □ Sí - sin supervisión □ No

Este estudiante puede llevar consigo la medicación:
□ Sí □ No

Por favor, indique cualquier información adicional

Este estudiante es capaz y responsable de auto-inyectable epinefrina auto-administración o medicamento inhalado para el asma
□ Sí - Supervisado □ Sí - sin supervisión □ No

Este estudiante puede llevar consigo la medicación:
□ Sí □ No

Por favor, indique cualquier información adicional

CUIDADO DE SALUD

Firma del Proveedor: _____ Fecha: _____

Favor de Imprimir: _____ Tel. #: _____

Domicilio: _____ Ciudad: _____ Código Postal: _____

La enfermera de la escuela u otro personal autorizado de la escuela administrará el medicamento en la escuela, a menos que se indique lo contrario por el médico.

California Code of Regulations, Title 5. Education
Article 4.1. Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day

§600. Authorization

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

(a) the pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.

(b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

CEC. 49423. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication, method is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to the paragraph.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses auto-injectable epinephrine in a manner other than as prescribed.

Section 49423.1 is added to the Education Code, to read:

CEC. 49423.1. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), The school district shall obtain from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses inhaled asthma medication in a manner other than as prescribed.

Sec. 2. This act shall become operative only if Senate Bill 1912 of the 2003-04 Regular Session is enacted and becomes effective on or before January 1, 2005.

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SCHOOL INHALER PROCEDURES

_____ _____ _____

(Student) (Grade) (Teacher)

_____ _____

(Health Care Provider) (Phone Number)

_____ _____ _____

(Name of Medication) (Dosage) (Time to be administered)

Medication must be dispensed per procedures described on the Administration of Medication at School form. Inhaler must be labeled with the student's name.

Responsibilities for carrying respiratory inhalers:

Observed

Yes	No	
_____	_____	"Parent Request for Administration of Medication" form has been returned to school.
_____	_____	Student demonstrates correct use of inhaler.
_____	_____	Student agrees not to share inhaler with other students.
_____	_____	Student agrees to carry inhaler with him/her at all times.
_____	_____	Parent has provided a second inhaler to be kept in the Health Office. If a second inhaler is not provided and student needs medication, the District will contact Emergency Services (911).
_____	_____	Student agrees to come to the Nurse's/School office if he/she continues to have difficulty breathing, wheezing, or experiencing chest tightness after using their inhaler.

_____ _____

(Student Signature and Date) (School Nurse Signature and Date

COMMENTS: _____

_____

MY CHILD WILL BE RESPONSIBLE FOR CARRYING THIS RESPIRATORY INHALER DURING SCHOOL HOURS AND WILL SELF-ADMINISTER HIS/HER MEDICATION AS NEEDED. MY CHILD AGREES TO FOLLOW THE DISTRICT'S PROCEDURES REGARDING THE ADMINISTRATION OF THIS MEDICATION.

_____ _____

(Parent/Guardian signature) (Date)