Stanislaus County Office of Education

REQUEST FOR SELF-ADMINISTRATION OF MEDICATION AT OUTDOOR SCHOOL

(Only for auto-injectable epinephrine or inhaled asthma medication)

Foothill Horizons' FAX number: (209) 532-0019; Telephone: (209) 532-6673

Student: ______________________________________ Birth Date: ______________ Male__ Female__

School: ______________________________ Teacher: ____________________________ Grade: ____

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Medication 1

Medication name: __________________________

Strength (mg, ml, mcg): _____________________

Dose (# of puffs, etc.): ______________________

Method of Administration: ____________________

Time of Administration: circle if appropriate
8:20 am noon 6:20 pm 9 pm other:____

Start: __ immediate __ other date: _____________
Stop: __ end of year __ other date/duration: ______

PRN (prescribed as needed): symptoms _____________
Frequency ______________________________
Initiate medical referral ______________________
__ For episodic/emergency events only

Reason for Medication: ______________________
____

Restrictions and/or important side effects
__none anticipated
__ yes—please describe: ______________________
____

Special storage requirements: __ refrigerate __ none

This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication.
__ Yes—supervised __ Yes—unsupervised __No

This student may carry medication: __ Yes __ No
Please indicate additional information: ____________
____

Medication 2

Medication name: __________________________

Strength (mg, ml, mcg): _____________________

Dose (# of puffs, etc.):_______________________

Method of Administration: ____________________

Time of Administration: circle if appropriate
8:20 am noon 6:20 pm 9 pm other:____

Start: __ immediate __ other date: _____________
Stop: __ end of year __ other date/duration: _______

PRN (prescribed as needed): symptoms _____________
Frequency ______________________________
Initiate medical referral ______________________
__ For episodic/emergency events only

Reason for Medication: ______________________
____

Restrictions and/or important side effects
__none anticipated
__ yes—please describe: ______________________
____

Special storage requirements: __ refrigerate __ none

This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication.
__ Yes—supervised __ Yes—unsupervised __No

This student may carry medication: __ Yes __ No
Please indicate additional information: ____________
____

Health Care Provider's Signature: ________________________________ Date: ______________

Phone # (____)____________ Address: ____

A copy of the student's "School Inhaler Procedures" must be attached to this form. That form can be obtained from the school nurse or health clerk.

Over ☛☛

PARENT/GUARDIAN 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 the Stanislaus County Office of Education/Outdoor Education.

I acknowledge that I have an obligation to notify the outdoor school if my child's medication, dosage, or frequency of 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 Stanislaus County Office of Education, 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.

______________________________ ______________________________ ____________
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Date ____________ reviewed by School Nurse Signature of Nurse ______________________________

OR

Date ____________ reviewed by Principal Signature of Principal ___________________________

☐ "School Inhaler Procedures" form attached

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 statement specified in this subdivision shall be provided at least annually and more frequently if the medicatio, dosage, frequency of administration, or reason of 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 statement specified in this subdivision shall be provided at least annually and more frequently if the medicatio, dosage, frequency of administration, or reason of 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.