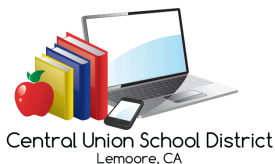


Central Union School District

15783 18th Avenue
Lemoore, CA 9324
Telephone (559) 924-3405
Fax (559) 924-1153



ORDER for ADMINISTRATION & DELEGATION 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.

WHEN BEING ADMINISTERED BY AN UNLICENSED VOLUNTEER SCHOOL EMPLOYEE: The prescribing California authorized licensed healthcare provider is delegating the administration of the medication ordered to the trained unlicensed volunteer school employee, who has agreed to administer the medication when a licensed health care provider is unavailable. Trained CUESD Staff voluntarily agrees to administer the medication as directed by the delegating authorized healthcare provider. Trained CUESD Staff understands that they may communicate with the authorized delegating healthcare provider on matters related to the medication.

Student: Last Name	First Name	Middle Initial	DOB: mm/day/year	Grade
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School Name	Phone Number	Fax Number	Credentialed School Nurse
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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 the condition requiring medication during the regular school day: _____

B. Name of Medication ~ Method of Admin. ~ Dosage Amt ~ Time to be given ~ Frequency

C. May repeat inhaler dose x 1 if no relief from first dose. (authorized health care provider initials:_____)

D. Discontinue medication on (date:)_____

E. Student is authorized to carry, and is able to self-administer prescription for emergency medication for asthma (authorized licensed healthcare provider initials:_____)

F. 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
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License Number	Phone Number	Fax Number
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Parental Authorization

I authorize credentialed school nurse or other license healthcare providers (RN, LVN) designated by the site administrator, to administer the medication as directed by the authorized healthcare provider. I understand that the school nurse has my permission to communicate with the prescribing licensed healthcare provider on matters related to this medication. I authorize **the unlicensed volunteer school employee** (trained CUESD Staff) to administer the medication as directed by the delegating healthcare provider when the licensed health provider is unavailable. I understand that the unlicensed volunteer school employee (trained CUESD Staff) has my permission to communicate with the delegating healthcare provider on matters related to this medication.

Parent/Guardian Name (Print)	Signature	Daytime phone number	Date
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Reviewed by Credentialed School Nurse (print)	Signature	Date
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Additional Requirements

- A.** Medication WILL NOT be given until this form is completed and on file in the school health office
- B.** A parent /Guardian must bring the medication to the school and pick up any outdated, unused or for home use medication
- C.** All medication must be in a container labeled by a pharmacist, prescribing physician, or commercially sealed container. (as with OTC medication, i.e. Tylenol, Aspirin etc.)
- D.** A current medication form must be on file. A new form for each medication must be completed and on file for each school year.
- E.** Parents/Guardians must provide all materials or necessary equipment for medication administration
- F.** A copy of this Medication order must be provided by the physician to the school site office.
- G.** Changes in prescribed dose and other details of medication administration must be provided to the school site office.
- H.** All medication not picked up by the parent/guardian on the last day of school will be discarded in accordance with district policy.