

**AUTHORIZATION FOR PRESCRIBED AND OVER THE COUNTER
MEDICATION ADMINISTRATION AT SCHOOLS
WITHIN THE COUNTY OF RIVERSIDE**

Name of Student	Date of Birth	Grade	School
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Education code 49423 authorizes that any pupil who is required to take, during the regular school day medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

I request medication prescribed be administered to my student and agree to hold Murrieta Valley Unified School District, its officers or employees harmless from all liability or claims which might arise out of these arrangements. I give my permission to contact the physician for consultation as needed. I understand that all medication will be destroyed at the end of the school year unless other arrangements are made and it is picked up by a parent or designee.

Parent/Guardian Signature Home Phone Work Phone Date

Physician Authorization
ONE MEDICATION PER FORM

Name of Medicine	Health Condition for which medicine RX
Time(s) to be taken	Dosage
Method of Administration	Precaution-Possible untoward reactions
Date to be discontinued	Physician's Telephone Number
Name of Physician (Please print)	Date
Physician's Signature	

MONTE VISTA ELEMENTARY SCHOOL

37420 Via Mira Mosa
Murrieta, CA 92563
951-894-5085

ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

A. GENERAL POLICY

1. No student shall be given medication during school hours except upon written request from a licensed physician/healthcare provider who has the responsibility for the medical management of the student. All such requests must be signed by the parent/guardian.
2. A new form is required for each prescription change and at the beginning of each school year.

B. RESPONSIBILITY OF THE PARENT/GUARDIAN

1. Parent/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medications.
3. Parents/guardians may administer medication to their child on a scheduled basis arranged with the school. Students are not permitted to carry prescribed or over-the-counter medication on a school campus.
4. Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.

C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT OR GUARDIAN

1. A request form for prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school administrator or his designated representative.
2. The container must be clearly labeled by the physician or pharmacy with the following information:
 - a. Student's name
 - b. Physician's name
 - c. Name of Medication
 - d. Dosage, schedule (specific to school) and dose form
 - e. Date of expiration of prescription
3. Each medication is to be in a separate pharmacy container prescribed for the student by a California physician.

D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. The school administrator will assume responsibility for placing medications in a locked cabinet.
2. Students will be assisted with taking medications according to the physician's instructions and the procedure observed by a school staff member.