

AUTORIZACIÓN PARA CUALQUIER MEDICAMENTO TOMADO DURANTE HORAS ESCOLARES, ACTIVIDADES ESCOLARES, Y PASEO

Valida únicamente durante el año escolar o como indicado en el Programa Educativo Individualizado (IEP/PEI) para los alumnos de la Educación Especial.

EXCEPCIÓN: Código Educativo de California 49423.5 - Puede que para los servicios especializados tales como “EpiPen”, “AnaKit”, glucagón, nebulizador, etc., sean necesarios unos formularios e instrucciones adicionales firmados por los padres o un guardián legal más un médico. Usted puede pedir los Formularios para servicios especializados de la escuela.

PADRE, MADRE O GRARDIÁN LEGAL

1. Debe completar esta parte el Padre, la Madre o el Guardián Legal

AVISO: Todos los medicamentos tienen que venir acompañado, con receta, incluso los medicamentos que se pueden comprar sin receta. Los medicamentos deben estar en su recipiente/frasco original y la etiqueta debe llevar el nombre del niño/a, el nombre del medicamento, el dosis, la forma de administración, el horario de tomar medicinas y el nombre del médico.

Solicito que miembros del personal escolar designados asistien a mi hijo/a a tomar este medicamento recetado (a incluir medicamentos recetados del tipo que normalmente no requieren receta.) Consiento en y por este médico dejo a salvo al Distrito y sus empleados de cualquier y todas las reclamaciones, demandas, causas de acción, responsabilidad o pérdida de cualquier tipo debido o como resultado de actos u omisiones con respecto a este medicamento. Entiendo que mi hijo/a no puede ni tener ni tomar medicamentos en la escuela si no se llenen todos los requisitos. Por este medio otorgo mi consentimiento a que se le comunice a un/una enfermero/a escolar con el médico de mi hijo/a, y a que se le aconseje al personal escolar tocante a este medicamento como sea necesario.

Nombre del Niño/a _____ M F _____
 Sexo Fecha de Nacimiento NÚm. de Identificación Estudiantil

Nombre de la Escuela _____ Grado _____ Maestro/a / No. de Salón de Clase _____

Apunte todos los medicamentos que se tomen con regularidad fuera de las horas escolares: _____
 Avisaré a la escuela inmediatamente si hay cambios de cualquier tipo en los medicamentos que mi hijo/a toma en la escuela.

Firma del Padre o el Guardián Legal _____ Fecha _____ Teléfono del Hogar / Celular _____ Teléfono de Trabajo _____

2. Physician Section

The child named above is under my care for these diagnoses: _____
 It is necessary for him or her to receive the following prescribed medication(s) during schools hours.

Name of Medication _____ Dosage (be specific, i.e. milligrams, etc.) _____
 Time of day to be given _____ Frequency and Indication if “as needed” _____
 Method of administration _____ Duration _____
 Precautions or side effects _____
 Storage and handling Routine handling, medication in locked storage and administered by authorized school personnel
 On-site 72 hour disaster supply only
 It is *Medical Necessity* for child *to carry* prescription for asthma, anaphylactic shock or diabetes, and indicate:
 Designated school personnel to administer
 Child trained to self-administer

Name of Medication _____ Dosage (be specific, i.e. milligrams, etc.) _____
 Time of day to be given _____ Frequency and Indication if “as needed” _____
 Method of administration _____ Duration _____
 Precautions or side effects _____
 Storage and handling Routine handling, medication in locked storage and administered by authorized school personnel
 On-site 72 hour disaster supply only
 It is *Medical Necessity* for child *to carry* prescription for asthma, anaphylactic shock or diabetes, and indicate:
 Designated school personnel to administer
 Child trained to self-administer

Name of Medication _____ Dosage (be specific, i.e. milligrams, etc.) _____
 Time of day to be given _____ Frequency and Indication if “as needed” _____
 Method of administration _____ Duration _____
 Precautions or side effects _____
 Storage and handling Routine handling, medication in locked storage and administered by authorized school personnel
 On-site 72 hour disaster supply only
 It is *Medical Necessity* for child *to carry* prescription for asthma, anaphylactic shock or diabetes, and indicate:
 Designated school personnel to administer
 Child trained to self-administer

Stamp physician name/address below:

Signature of Physician _____ Date _____

Name of Physician (please print) _____ License Number _____ Office telephone _____

PHYSICIAN

LEGAL REFERENCES GOVERNING THE ADMINISTRATION OF MEDICATION IN SCHOOLS

California Education Code, section 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 or ordered for him or her by a physician assistant practicing in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code, 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 and surgeon or physician assistant 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 indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon or physician assistant.

(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 or physician assistant 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 regard to 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 this 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.

California Education Code, section 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 or 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 both a written statement from the physician or 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 or 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 or 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.

California Education Code, section 49423.5.

(a) Notwithstanding Section 49422, an individual with exceptional needs who requires specialized physical health care services, during the regular schoolday, may be assisted by any of the following individuals:

(1) Qualified persons who possess an appropriate credential issued pursuant to Section 44267 or 44267.5, or hold a valid certificate of public health nursing issued by the Board of Registered Nursing.

(2) Qualified designated school personnel trained in the administration of specialized physical health care if they perform those services under the supervision, as defined by Section 3051.12 of Title 5 of the California Code of Regulations, of a credentialed school nurse, public health nurse, or licensed physician and surgeon and the services are determined by the credentialed school nurse or licensed physician and surgeon, in consultation with the physician treating the pupil, to be all of the following:

(A) Routine for the pupil.

(B) Pose little potential harm for the pupil.

(C) Performed with predictable outcomes, as defined in the individualized education program of the pupil.

(D) Do not require a nursing assessment, interpretation, or decisionmaking by the designated school personnel.

(b) Specialized health care or other services that require medically related training shall be provided pursuant to the procedures prescribed by Section 49423.

(c) Persons providing specialized physical health care services shall also demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.

(d) "Specialized physical health care services," as used in this section, includes catheterization, gastric tube feeding, suctioning, or other services that require medically related training.

(e) Regulations necessary to implement this section shall be developed jointly by the State Department of Education and the State Department of Health Care Services, and adopted by the state board.

(f) This section does not diminish or weaken any federal requirement for serving individuals with exceptional needs under the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), and its implementing regulations, and under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) and its implementing regulations.

(g) This section does not affect current state law or regulation regarding medication administration.

(h) It is the intent of the Legislature that this section not cause individuals with exceptional needs to be placed at schoolsites other than those they would attend but for their needs for specialized physical health care services.