ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS

SANTEE SCHOOL DISTRICT 9619 Cuyamaca Street, Santee, CA 92071-2674 * (619) 258-2300

Student's Name_____ DOB_____ Grade_____ Teacher_____

PHYSICIAN'S MEDICATION AUTHORIZATION AND PLAN (PMAP)

All students receiving medication at school require a Physician's Medication Authorization and Plan. This Authorization serves as an Individual Health Plan (IHP) for special education students or a Section 504 Accommodation Plan for other students. Prescription and non-prescription medications are permitted at school only when a completed Physician's Medication Authorization and Plan (PMAP) is on file. If any of the conditions of this Authorization change, a new form must be completed and signed by the parent/guardian and health provider. A fax copy may be accepted until the original can be mailed or brought to the health office.
This form is valid for school year: _____to_____

==========

THIS SECTION TO BE COMPLETED BY HEALTH PROVIDER

I hereby instruct a designated school staff member to assist the student in taking:

Medication_____	**Dose_____**	**Route_____**	**Time_____**	**Diagnosis/Condition_____**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Side effects that may be experienced even if given as prescribed: _____
_____

EMERGENCY PLAN: _____
_____

I have instructed this student in the proper use of asthma inhalant medication and/or epinephrine injections. In my professional opinion, this student **MAY / MAY NOT** carry and use this medication him/herself.

_____MD / DO / DDS / DPM / NP / PA _____
Printed Name of Provider (Circle One) CA License Number

_____ _____ _____
Signature of Provider Telephone Number Date

==========

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

I, the undersigned as legal parent/guardian of this child, request a designated member of the school staff make available the medications listed above to my child as prescribed on this Authorization and in accordance with California law as referenced below. I also authorize, as needed, the sharing of information related to my child's health between the district nurse (or designee) and the health care provider listed above. I will comply with the procedure listed on the back of this form related to dispensing medication at school. Please initial:_____
I have read the above information and give my consent.

_____ _____ _____
Signature of Parent/Guardian Signature of Student (Self-medication) Date

_____ _____ _____
Street Address City State ZIP HomePhone WorkPhone

==========

Approved by: _____ _____
Signature of District Nurse Date

REFERENCES:California Education Code Section: 49423 Medication at school; 49480 Continuing Medication. Business and Professional Code: 2725 Verbal Orders; 4033 Definition of a Physician; 4036 Definition of a Lawful Prescription; 4051 Restrictions on Furnishing Medications Without Prescription.

ADMINISTERING MEDICATION AND MONITORING HEALTH CONDITIONS (continued)

The procedure covering prescription and non-prescription medication listed on this form will be executed under the following conditions:

1. Only medication prescribed by the student's health provider as being necessary to be taken by the student in the manner listed on this form may be brought to school. Written parent permission is also required. Self-medication requires student signature.
2. Such medication shall be taken directly by the student in accordance with instructions from the provider as listed on this Authorization.
3. Medication brought to school will be given to the student according to the provisions listed on this form. The prescription or manufacturer's container must be clearly labeled with:
    - Name of the student;
    - Name of the prescribing provider;
    - Pharmacy that dispensed the medication or the manufacturer;
    - Strength of the medication and the amount to be given (dose);
    - Method of administration (oral, inhaled, topical, etc.);
    - Specific time and/or specific situations the medication is given.

Parents may want to ask the pharmacist for "school packaging" – a separate container labeled just for the school time dose. Prescription containers not matching what is written on the "Physician's Medication Authorization and Plan" (PMAP) will not be given to the student.

4. All medication will be kept in a secure place. Any special instructions for storage or security measures must be written by the health care provider and given to school personnel.

    Only students who have approval from their physician, parent, and the district nurse may carry and self-administer asthma inhalers or Epipens/Twinjects. Students carrying and administering their own medication must have the provider circle consent on the front of this form. The student will comply with the order as written and maintain the safety of the medication at all times. These students may carry and self-administer asthma inhalers or Epipens/Twinjects under the supervision of school personnel, provided the following conditions are met:

    - The student is physically, mentally and behaviorally capable, in the written opinion of the parent, physician, and the district nurse, to assume responsibility and has been adequately instructed by the physician and at home;
    - The medication is necessary to the student's health and must be taken during school hours;
    - The student has successfully demonstrated self-administration of the medication to the district nurse;
    - Supervision is provided by the district nurse, when available, or by designated school personnel;
    - A parent/guardian or responsible student) shall deliver the medication and the completed form to the school health office for review by the District Nurse.

Failure to follow these directions and/or endangering themselves or others will result in this privilege being revoked.

5. A parent/guardian shall deliver the medication and the completed form to the school health office for review by the District Nurse. Faxed copies of this form are permitted until the original signed copy can be forwarded to the health office (within five days). Fax the form to the District Nurse at (619) 258-2367.
6. A new Medication Authorization form must be completed for any change in dose, time or method of administration. It will be valid until the end of the current school year, or until discontinued, whichever occurs first.
7. Medications must be picked up by the parent or guardian no later then the last day of school, during school hours, or they will be destroyed.
8. For students with a current IEP from Special Education, this Authorization serves as an Individual Health Plan (IHP) added to the Special Education file. For other students, this Authorization serves as a Section 504 Plan to accommodate the health needs of the student while at school.
9. Additional copies of this form are available at each school's office.
10. **Questions concerning medications at school should be directed to your District Nurse at (619) 258-2231.**