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## **ADMINISTRATION OF MEDICATION**

Capital College & Career Academy (“CCCA”) staff is responsible for the administration of medication to students attending school during school hours. It is imperative that practices followed in the administration of medication be carefully delineated to ensure the safety of our students and the legal protection of our employees. Any student who is required to take medication during the regular school day, medication prescribed by a physician or surgeon, must be assisted by a designated school personnel.

In order for a student to be assisted by a designated school personnel, CCCA shall obtain a completed request to administer medication form attached in Exhibit A, that must be completed by the physician or surgeon with the name of the medication, method, amount, and time schedules by which the medication is to be taken. The request to administer medication form must be signed by the parent or legal guardian indicating the desire that CCCA assist the student in the matters set forth in the statement of the physician and providing release for the designated school personnel to consult with the health care provider of the student regarding any questions that may arise with regard to the medication, and releasing CCCA and school personnel from civil liability if the self-administering student suffers an adverse reaction as a result of self-administering medication.

### **Guidelines:**

The primary responsibility for the administration of medication rests with the parent or guardian, student and medical professional. Medication shall be administered during school hours only if determined by a physician to be necessary.

Designated staff shall keep records of medication administered at the school. All medication will be kept in a secure and appropriate storage location and administered per physician’s instructions by appropriately designated staff.

Designated staff shall return all surplus medication to the parent or guardian upon completion of the regime or prior to summer holidays.

Designated staff shall establish emergency procedures for specific medical conditions that require an immediate response (i.e. allergies, asthma, diabetes).

# Request to Administer Medication

**Student's Full Legal Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

## To be filled out by Parent/Guardian:

Any student who is required to take medication prescribed for him or her by a physician or surgeon during school hours or activities may be assisted by designated trained school personnel, if Capital College & Career Academy received the appropriate written statements as follows:

I (We) the undersigned, who is the parent or legal guardian, request the medication be administered to my child during the regular school day or during school activities. I (We) acknowledge that a trained member of the Capital College & Career Academy staff will administer the medication in accordance with the physician's orders. I (We) will notify the school immediately if there is a change of physicians or if the medication is changed.

I (We) acknowledge that it is the responsibility of the parent/guardian to enable Capital College & Career Academy employees to administer or otherwise assist the student in the administration of medication by providing a written statement from the physician ensuring that the medication is received to the school in a proper container by an individual legally authorized to be in possession of the medication.

I (We) authorize Capital College & Career Academy designated personnel, to consult with the health care provider of my student regarding any questions that may arise with regard to the medication. My (Our) signature on this form also serves to release Capital College & Career Academy and school personnel from civil liability if my student suffers an adverse reaction as a result of self-administering medication.

I (We) acknowledge that the parent/guardian may terminate consent for such administration at any time.

The written statement specified above shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

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Parent/Guardian Name (Print)  
Date

Parent/Guardian Signature

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Parent/Guardian Name (Print)  
Date

Parent/Guardian Signature

## To be filled out by Physician/Health Care Provider:

Medication may be given to children and youth by school personnel, whenever physicians find it necessary to prescribe medication during school hours. School personnel will of course cooperate with parents in this regard by providing a safe place for the medication to be stored, etc., however, the major responsibility for a child taking medication at school rests entirely with the child's parents. In accordance with the California Education Code (Section 49423) and CCCA Board Policy 5005, the following information must be given by the student's physician in order for medication to be administered to the student during the regular school day:

**Prescription medication must be provided in the original bottle with a pharmacy label.  
Over-the-counter medications must be in the original bottle. Only one form per medication.**

Name of Medication: \_\_\_\_\_  
Method (Route) of administration: \_\_\_\_\_

Times for administration: \_\_\_\_\_  
Amount (Dose to be administered): \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_  
Dates to be discontinued (if appropriate): \_\_\_\_\_

If the physician is prescribing an auto-injectable epinephrine or asthma medication, is this student competent and trained to self administer the medication? ☐ Yes ☐ No

Should the student be permitted to carry the auto-injectable epinephrine or asthma medication on his/her person? ☐ Yes ☐ No

Physician/Health Care Provider Name  
(Print): \_\_\_\_\_

Physician/Health Care Provider (Signature): \_\_\_\_\_  
Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Physician's Stamp (Required):**

**School Year:** \_\_\_\_\_