



**MORONGO UNIFIED SCHOOL DISTRICT
HEALTH SERVICES
MEDICATIONS AT SCHOOL**

Dear Parent/Guardian:

It is generally better to have medications administered at home, however it is sometimes necessary to give medication to a student during school hours and we wish to assist you as needed. The School Nurse serves more than one school and is not available to administer medications on a daily basis, so an unlicensed person most often performs this function. **CONSEQUENTLY, WE URGE YOU, WITH THE HELP OF YOUR PHYSICIAN, TO WORK OUT A SCHEDULE TO GIVE MEDICATION OUTSIDE SCHOOL HOURS.**

In compliance with California Education Code 49423, when an employee of the school district gives a medication to a student, the employee must be acting in accordance with the written directions of a physician and with the written permission of the child's parent or legal guardian. Children are not allowed to have medication in their possession at school, walking to and from school, or on the school bus. This practice provides for the safety of all students on campus. The only exception to this policy is if the student's well-being is in jeopardy unless the medication, such as an inhaler for asthma, is carried on his/her person. The appropriate release forms can be obtained from the school and must include a statement from the physician that the student's well-being is in jeopardy unless s/he carries the medication. Medication Authorization forms can be downloaded from the district website: www.MUSD.com.

Medication must be provided to the school in the container in which it was purchased, with the pharmacy label attached, and must be prescribed to the student to whom it will be administered. School personnel cannot give medication brought to school in a plastic bag, plastic ware, or any other repackaging. No out of date medication will be given. An adult must bring the medication to school along with the completed authorization forms.

IF YOU ANTICIPATE A VISIT TO YOUR CHILD'S PHYSICIAN OR DENTIST AND EXPECT THAT MEDICATION MAY BE PRESCRIBED OR THE DOSAGE CHANGED, PLEASE STOP BY THE SCHOOL OFFICE FOR THE APPROPRIATE FORMS.

(Form on the back)

**MORONGO UNIFIED SCHOOL DISTRICT
HEALTH SERVICES
SCHOOL MEDICATION AUTHORIZATION AND INSTRUCTION**

PARENT PERMISSION

Student's name _____ Birth date _____

Address _____

School _____ Grade _____ Teacher _____

I hereby give my permission for school personnel to give this medication as directed. I also give the school nurse permission to contact the physician regarding the child's reaction to the medication or if there is a change in the child's health status.

Parent/Guardian Signature

PHYSICIAN'S DIRECTION

Effective for School year 2016-2017

Diagnosis: _____

Name of Medication	DOSE	Form (tablet, pill, capsule, liquid)	# taken	Time of Day	Indication of Use
#1 _____	_____	_____	_____	_____	_____
#2 _____	_____	_____	_____	_____	_____

Comments if any: _____

Physician's name printed: _____

Physician signature & Stamp Address Phone Date

- ❖ Medications must be in the original container with the pharmacy label attached and must be prescribed to the student
- ❖ No medications (including over the counter medications) will be given at school without a current authorization.
- ❖ This form must be renewed whenever the prescription changes and at the beginning of each school year
- ❖ Medications must be transported to and from school by the parent only.

California Education Code 49423: Medication for pupils.
Notwithstanding the provisions of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school 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 or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

MORONGO UNIFIED SCHOOL DISTRICT
HEALTH SERVICES

ASTHMA INHALER AUTHORIZATION

DATE: _____

_____ (Child's name) has been instructed in the proper use of the
_____ inhaler. We, _____ (Physician) and
_____ (Parent) request that _____ (child) be permitted to carry
the _____ (name & type of medication) inhaler on his/her person, as we consider
him/her responsible. She/he has been instructed in and understands the purpose and appropriate method and frequency
of use of his/her inhaler. She/he is able to self-administer this inhaled asthma medication.

This inhaler is to be used _____ (amount/dose) _____ (time schedules of
administration).

The parent/guardian of this student gives consent for the school nurse or other designated school
personnel to consult with the healthcare provider of the pupil regarding any questions that may arise with regard to the
medication. A signature by parent/guardian on this authorization form releases the school district and school personnel
from civil liability if the self-administering pupil suffers an adverse reaction by taking this medication.

**IT IS UNDERSTOOD THAT SHARING MEDICATION WITH OTHERS WILL RESULT IN
DISCIPLINARY ACTION INCLUDING BUT NOT LIMITED TO LOSS OF THE PRIVILEGE TO
CARRY THE INHALER.**

**A new ASTHMA INHALER AUTHORIZATION form is required EACH school year and any time the dosage,
time, or type of medication changes.**

Physician's signature & office stamp

Parent's signature

**NOTE: THIS FORM MUST BE COMPLETED IN ADDITION TO THE ROUTINE DISTRICT
MEDICATION AUTHORIZATION FORM
PE NOTIFICATION OF USE OF INHALER BEFORE SPORTS
RETURN TO SCHOOL NURSE FOR DISTRIBUTION**

MORONGO UNIFIED SCHOOL DISTRICT

DATE: _____

Dear Physical Education Instructor:

_____ (**student name**) is under my care for ASTHMA. Because exercise is important for the asthmatic child, both physically and psychologically, I am providing information and instructions concerning this child's participation in physical education.

1. She/he should be permitted to remain in regular PE classes and should be able to engage in regular physical education activities most of the time. However, during asthma episodes (characterized by cough, wheeze, shortness of breath) activities may have to be temporarily curtailed.
2. Each asthmatic child has different limits of tolerance to exercise. Please permit the student to set his/her own pace on a daily basis. In particular, asthmatics may have difficulty running laps and playing competitive soccer and basketball. Please do not "force" the child, but let the student participate at his/her own level. Swimming is usually well-tolerated and an excellent activity for asthmatics.
3. Warm-up exercises are often useful in warding off wheezing episodes.
4. We do not wish the student with asthma to be "different". Please do what is necessary toward accomplishing this end.
5. If this student does have some problem with endurance sports, please permit her/him to take the following medication:

_____ **before** participating in sports to **prevent** symptoms.

6. In case of breathing difficulty, talk to the child reassuringly and calmly. Have child take the prescribed medication _____. If the treatment is ineffective or symptoms severe, notify school nurse or parent immediately.

We welcome your help.

Physician's signature & office stamp

Parent's signature

Address, City, State

Address, City, State

Telephone

Telephone