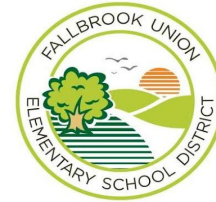


**FALLBROOK UNION  
ELEMENTARY SCHOOL DISTRICT**

Dr. Candace Singh | Superintendent of Schools



**PHYSICIAN'S RECOMMENDATIONS FOR MEDICATION DURING THE SCHOOL DAY**

|                     |                      |              |
|---------------------|----------------------|--------------|
| Student Name: _____ | Date of birth: _____ | Grade: _____ |
| School: _____       | Phone #: _____       | Fax #: _____ |

In accordance with California Education Code section. 49423, this form must be completed by a California licensed physician (or other healthcare provider who has the authority to prescribe medication) and be on file for any student who requires medication(s) during the regular school day.

**TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER**

(California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants - California Code of Regulations, Title 5, section 601[a])

**Nature of condition requiring medication during the regular school day:**

| Name of Medication | Method of Administration | Dosage | Time to be Given | Frequency |
|--------------------|--------------------------|--------|------------------|-----------|
| 1. _____           | _____                    | _____  | _____            | _____     |
| 2. _____           | _____                    | _____  | _____            | _____     |
| 3. _____           | _____                    | _____  | _____            | _____     |

Discontinue Medication (if less than 1 year): #1 (date): \_\_\_\_\_ #2 (date): \_\_\_\_\_ #3 (date): \_\_\_\_\_

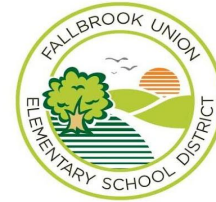
Student May Self-Carry and Administer Medication: #1:  #2:  #3:

|                                 |                  |                           |
|---------------------------------|------------------|---------------------------|
| Physician's Name (print): _____ | Signature: _____ | Date: _____               |
| License No.: _____              | NPI #: _____     | Office Telephone #: _____ |
|                                 |                  | Office Fax #: _____       |

- D. Upon receipt of medication orders, the school nurse and the prescribing health care provider shall consult as needed.
1. A current medication form must be on file. **A new form must be on file each year for each medication.**
  2. A new form is required for changes in prescribed dose and other details of medication administration.
  3. All medication must be in a container labeled by a pharmacist or prescribing health care provider.
  4. An adult must bring the medication to the school and pick up any outdated, unused or for home use medication.
  5. All medication not picked up by an adult on the last school day will be discarded, unless otherwise arranged.
  6. Parents/Guardians must provide all materials or necessary equipment for medication administration.

I authorize the school nurse, or other school staff assigned by the site principal, to administer the medication as directed by the authorized health care provider. I understand that designated school staff has my permission to communicate with the prescribing physician/health care provider on matters related to this medication.  
*Solicito que la enfermera de escuela, u otro empleado designado por el director/a, administre el medicamento según lo indica el médico. Entiendo que empleados designados de la escuela tienen mi autorización para comunicarse con el médico que recetó el medicamento respecto a asuntos relacionados con este medicamento.*

|                                  |             |
|----------------------------------|-------------|
| Parent/Guardian Signature: _____ | Date: _____ |
| Parent/Guardian Name: _____      | Tel.: _____ |



**RECOMENDACIONES DEL MEDICO PARA EL MEDICAMENTO DURANTE EL DIA ESCOLAR**

|                |                            |              |
|----------------|----------------------------|--------------|
| Nombre: _____  | Fecha de nacimiento: _____ | Grado: _____ |
| Escuela: _____ | Telefono: _____            | Fax: _____   |

De acuerdo con sección de Código de Educación de California. 49423, esta forma debe ser completada por un médico licenciado en California (u otro proveedor de salud que tiene la autoridad para prescribir medicamento) y estar en el archivo para cualquier estudiante que requiere medicinas durante el día regular de escuela.

**TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER**

(California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants - California Code of Regulations, Title 5, section 601[a])

**Nature of condition requiring medication during the regular school day:**

|    | <b>Name of Medication</b> | <b>Method of Administration</b> | <b>Dosage</b> | <b>Time to be Given</b> | <b>Frequency</b> |
|----|---------------------------|---------------------------------|---------------|-------------------------|------------------|
| 1. | _____                     | _____                           | _____         | _____                   | _____            |
| 2. | _____                     | _____                           | _____         | _____                   | _____            |
| 3. | _____                     | _____                           | _____         | _____                   | _____            |

Discontinue Medication (if less than 1 year): #1 (date): \_\_\_\_\_ #2 (date): \_\_\_\_\_ #3 (date): \_\_\_\_\_

Student May Self-Carry and Self-Administer Medication: #1:  #2:  #3:

|  |                         |                                  |
|--|-------------------------|----------------------------------|
| <b>Physician's Name (print):</b> _____ | <b>Signature:</b> _____ | <b>Date:</b> _____               |
| <b>License No.:</b> _____              | <b>NPI #:</b> _____     | <b>Office Telephone #:</b> _____ |
|  |                         | <b>Office Fax #:</b> _____       |

Cuando recibimos las ordenes para medicamentos, la enfermera y el médico se consultarán cuando sea necesario.

- Una forma actual de medicamento debe estar en el archivo. **Una forma nueva se necesita cada año.**
- Se requiere un nuevo formulario para cambios en la dosis prescrita y otros detalles de administración de medicamentos.
- Todos los medicamentos deben estar en un recipiente etiquetado con el farmacéutico o médico.
- Un adulto debe traer el medicamento a la escuela y recoger medicamento vencido, que no se ha usado, o medicamento que el estudiante va a utilizar en el hogar.
- Todos los medicamentos no recogidos por un adulto el último día del año escolar serán desechados, a menos que otros planes se han hecho con la escuela.
- Padres/Tutores deben proporcionar todo lo que se necesita para administrar el medicamento.

Solicito que la enfermera de escuela, u otro empleado designado por el director/a, administre el medicamento según lo indica el médico. Entiendo que empleados designados de la escuela tienen mi autorización para comunicarse con el médico que recetó el medicamento respecto a asuntos relacionados con este medicamento.

*I authorize the school nurse, or other school staff assigned by the site principal, to administer the medication as directed by the authorized health care provider. I understand that designated school staff has my permission to communicate with the prescribing physician/health care provider on matters related to this medication.*

|                                       |                     |
|---------------------------------------|---------------------|
| <b>Firma del Padre / Tutor:</b> _____ | <b>Fecha:</b> _____ |
| <b>Nombre de Padre / Tutor:</b> _____ | <b>Tele:</b> _____  |