

LANCASTER SCHOOL DISTRICT

**Physician's Authorization
EpiPen Administration**

REQUEST FOR EPIPEN TO BE TAKEN DURING SCHOOL HOURS
(TO BE COMPLETED BY A LICENSED PHYSICIAN)

NAME OF PUPIL (LAST NAME, FIRST NAME, MIDDLE INITIAL)		SEX	DATE OF BIRTH	SCHOOL	RM#	TEACHER
NAME OF MEDICATION /DOSE (Check One)			KNOWN/SUSPECTED ALLERGIES: (list all)			
<input type="checkbox"/> EpiPen Jr 0.15 mg (33-66 lbs.)						
<input type="checkbox"/> EpiPen 0.3 mg. (>66 lbs.)						
PURPOSE OF MEDICATION		TIME SCHEDULE	DOSE FORM (TABLET, LIQUID, ETC.)			
Treat Allergic Reaction		As needed	Auto-injector			
DATE OF PRESCRIPTION	LENGTH OF TIME THIS MEDICATION WILL BE NECESSARY					

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS, ETC.

EpiPen will be administered and 911 called if allergic symptoms develop (rash, hives, itching, facial swelling, difficulty breathing, etc.). If bee sting allergy, EpiPen will be administered immediately if stung.

The above named pupil, for whom this medication is prescribed, is under my care:

PRINT OR TYPE NAME OF PHYSICIAN	SIGNATURE OF PHYSICIAN		
ADDRESS OF PHYSICIAN	TELEPHONE NUMBER	DATE	

PARENT PERMISSION

I request that my child (the above named pupil) be assisted in taking the above prescribed medication at school by authorized persons, and will comply with the policies and procedures of the school. I give my consent for the school nurse to communicate with the supervising physician, and to counsel with school personnel regarding the possible effects of the above medication.

SIGNATURE OF PARENT OR GUARDIAN	TELEPHONE NUMBER	DATE
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PHONE WHERE PARENT MAY BE CONTACTED DURING SCHOOL HOURS

LANCASTER SCHOOL DISTRICT

HEALTH SERVICES

44711 North Cedar Avenue
Lancaster, California 93534-3210

REGULATIONS ON THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

School personnel, if authorized by the responsible administrator, may assist pupils who must take prescribed medication during school hours.

A. GENERAL POLICY (Board Policy 5141.21 (a) R&R - C.E.C. 49423)

1. No pupil shall be given medications during school hours except upon the written request from licensed physician/surgeon who has the responsibility for the medical management of the pupil. All such requests must be signed by the parent or guardian.
2. *No medications may be brought to school by pupils.*
3. Medication includes both OTC (over the counter) and prescribed items, and shall be stored in a locked cabinet in the school health office.

B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

1. Parents and guardians shall be encouraged to cooperate with the physician to develop a schedule so that the necessity for taking medications at school will be minimized or eliminated.
2. Parents and guardians will assume full responsibility for the supplying of all medications.
3. Parents and guardians shall deliver or cause to be delivered by an adult or an authorized employee of a pharmaceutical supplier any medication to be administered under the provisions of this policy.
4. Parent request and physician statement must be renewed at least annually; new signed physician and parent statements must be submitted if the medication regimen is changed.

C. RESPONSIBILITY OF THE PHYSICIAN

1. A request form for each prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school nurse or designated representative.
2. The container must be clearly labeled with the following information:
 - a. Pupil's full name
 - b. Physician's name
 - d. Name of medication
 - e. Dosage, schedule, and dose form
 - f. Date of expiration of prescription
3. Each medication is to be in a separate container labeled as above.

D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. The school nurse or designee will assume responsibility for placing medications in a locked cabinet, which shall be used only for the storage of medication.
2. Pupils will be assisted with taking medications according to the physician's instructions, and the procedure observed by the school nurse or designee.