



CHILDCARE ASSISTED MEDICATIONS Physician Instructions and Parent Request

This form must be completed before any medication (*prescription or over-the-counter*) can be given, or taken, at CHILDCARE. Signatures of both physician and parent/guardian are required. This form must be renewed annually or with any change in medication.

Student Name: _____ Date of Birth: ____/____/____

PHYSICIAN USE ONLY

1. MEDICATION: _____ Dose: _____ Reason/Diagnosis: _____

2. Route: Oral Nasal Topical
 Inhale Injection Other _____ Med Start Date: _____ Stop Date: _____

3. If DAILY ~ Time(s) to be given: _____
 If AS NEEDED (prn) ~ Frequency: Every 3 to 4 hrs., Every 4 to 6 hrs., Other _____

4. For a medication to be assisted with or given in CHILDCARE, ALL of the following conditions MUST BE MET and initialed by the physician:
The above medication is necessary for treatment of an episodic condition that can result in a life-threatening emergency situation for the child.
OR
The above medication is necessary to enable the child to participate in the child care program due to a disabling condition otherwise precluding the child's participation if the medication was not available during child care program hours.

Doctor's initials I certify that the above medication **must** be administered during the hours the child participates in the child care program and cannot be administered outside of these hours.

Doctor's initials I certify that the above medication may be lawfully administered by an unlicensed child care staff member with only minimal training and without supervision by a licensed health care provider.

Doctor's initials

5. Other instructions, if needed (e.g., signs/symptoms for usage, special storage, adverse reactions): _____

Physician Signature: _____ Date: _____

Physician Name: _____ Address: _____
Phone: _____ City: _____ Zip: _____

If the above conditions are met, the child care program administrator **may agree** to administer medication to the participating child during program hours in accordance with Etiwanda School District Administrative Regulation 5141.21.

Parent Request for CHILDCARE-Assistance with Medication

I/we hereby request that the staff of Etiwanda School District CHILDCARE assist with giving medication(s) to my/our child _____ for my child attending _____ School as stated in the above physician's instructions. I/we also give permission to contact the physician for consultation and exchange of information as needed.

Release of Liability and Agreement to Indemnify and Hold School District Harmless (must be completed)

I/we hereby expressly release, hold harmless, and agree to indemnify and defend the Etiwanda School District and its Governing Board members, officers, employees, agents, representatives, independent contractors and insurers (collectively referred to as the "District") from all claims and liability for any personal injuries, death, or property damage that may be incurred by permitting the school to assist in the giving my child's medication. This release, hold harmless and indemnification agreement shall remain in effect until the written notice to terminate the agreement is received and acknowledged in writing by the school principal. I/we understand and agree that if I/we terminate this agreement, the school will no longer assist in giving medication to my child.

I/we understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student. (Some emergency medications may be self-carried with written physician instructions and compliance with school policies. See accompanying information on self-carrying of medications.)

I/we give the school district nurse permission to contact my/our child's physician and inform school personnel regarding possible side effects of the drug on my/our child's physical, intellectual, and social behavior as well as signs and symptoms of side effects, omission, or overdose.

_____/_____/_____
Signature of Parent or Guardian / Date / Phone Number Signature of Parent or Guardian / Date / Phone Number

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year.

California Education Code section 49423 provides that 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.

AR-5148.1 Child Care - Administering Medication

The District's child care program staffed and operated separately from the District's education programs. A school nurse is not generally available outside of school hours, and child care staff typically are not specially trained or designated to administer medications or provide any level of medical services to children participating in the child care program.

Whenever possible, it is best for medication to be administered to children at home, outside of school or child care hours. **In all cases, parents or guardians must attempt to work with their children's physician to arrange a dosage schedule that permits medications to be administered outside of the hours when the child is participating in the child care program.**

Medication will be administered during child care program hours *only* when the participating child's physician verifies, in writing, that medication *must* be administered during the hours the child participates in the child care program, and no dosage schedule is possible that permits medication to be administered outside these hours. The physician must also verify, in writing, that the medication may be lawfully administered by an unlicensed child care staff member with only minimal training and without supervision by a licensed health care provider. Education Code section 49414 requires schools to have emergency epinephrine auto-injectors available to trained personnel for emergency use.

Upon receipt of the physician's written verification, specific medication will be administered during child care hours *only* when one or more of the following conditions apply:

- (1) The medication is necessary for treatment of an episodic condition, such as an allergy or seizure disorder, that can result in a life-threatening emergency situation for the child; or
- (2) The medication is necessary to enable the child to participate in the child care program because a disabling condition, such as asthma, would otherwise preclude the child's participation if the medication was not available during child care program hours.

When the above conditions are met, the child care program administrator may agree to administer medication to the participating child during program hours in accordance with Etiwanda School District Administrative Regulation 5141.21. In that event, all provisions of AR-5141.21 shall apply to the administration of medication in the child care program, including but not limited to submission of statements by the participating child's authorized health care provider and by the child's parent or guardian, and requirements for labeling, provision, storage, and disposal of medication.

The child care program will store medication on site *only* upon the parent/guardian's written request and release of liability (form attached).

The child care program administrator reserves the right to decide *not* to store or administer medication upon request by the child's parent or guardian if it is determined the circumstances warrant medical training and/or unreasonable responsibility for staff and/or the safety of the particular child.