



Loomis Union School District

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800

www.loomis-usd.k12.ca.us

Building Excellence in Education since 1856

Gordon T. Medd, Superintendent

PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS BY SCHOOL PERSONNEL

Dear Parent/Guardian,

Medical treatment of a student is the responsibility of the parent/guardian and the student's healthcare provider. Medications are rarely given in school. The only exceptions involve special or serious medical issues in which it is deemed medically necessary to provide medication at school.

The LUSD school nurses serve more than one school and are not available every day to administer medications. In their absence, designated school personnel such as the site principal or secretary may need administer medication. School personnel cannot be expected to assume this responsibility unless it is medically necessary. **CONSEQUENTLY, PARENTS/GUARDIANS ARE URGED TO COORDINATE A SCHEDULE WITH THE GUIDANCE OF THE STUDENT'S HEALTH CAREPROIVDER TO GIVE MEDICATION OUTSIDE OF SCHOOL HOURS.**

Specific directions for the administration of medication at school must be included in a written statement from the student's healthcare provider. The statement must clearly specify the condition for which the drug is to be given, how it is to be given, dosage and related information. This includes all prescription **and** over-the-counter or non-prescription medication (such as Tylenol). The LUSD School Medication Form is used to document administration information and the **required physician and parent/guardian signatures**. All medication requires a signed release from the parent/guardian for school personnel to administer medicine. The signed medical release and the medication orders from the student's physician must be renewed at the beginning of each school year, upon entrance to school, and upon any change in medication.

For students with known severe allergies (i.e. those requiring an EpiPen), the LUSD Emergency Health Care Plan for Severe Allergies is required to be completed and signed by the parent/guardian and the student's healthcare provider.

All medications provided for distribution by school personnel must be in the original container and be clearly labeled with the student name, medication name, strength/dosage and expiration date. All medication will be kept locked in the school office. The student is responsible for coming to the office to take medication as prescribed, unless otherwise arranged with school personnel. Exceptions include administration of emergency medications to include Diabetes medication, Epipens and/or Asthma inhalers or if the physician and parent/guardian agree that the student needs and is allowed to carry the required medications. A second set of required medications will be kept in the school office.

Thank you for your attention to and diligence with this issue.

Sincerely,

Jean Crouse

Director of Student Services

Wendy Freeman

School Nurse

Karen Jarvis

School Nurse

Sheree Palma

School Nurse



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Franklin Elementary

Phone: (916) 652-1818

Fax: (916) 652-1821

Penryn Elementary

Phone: (916) 663-3993

Fax: (916) 663-2127

Loomis Grammar

Phone: (916) 652-1824

Fax: (916) 652-1826

Loomis Basin Charter

Phone: (916) 652-2642

Fax: (916) 652-1822

Placer Elementary

Phone: (916) 652-1830

Fax: (916) 652-1832

H. C. Powers Elementary

Phone: (916) 652-2635

Fax: (916) 652-2679

Ophir Elementary

Phone: (530)855-3495

Fax: (530) 823-9101

SCHOOL MEDICATION FORM

Student Name _____ Date of Birth _____

Parent's Name _____ Phone (home) _____ Cell _____ Work _____

Emergency Contact Name _____ Phone (home) _____ Cell _____

To Be Completed By Health Care Provider:

Diagnosis/Significant Findings: _____

Allergies (Medication/Other substances) _____

<u>Name of Medication or Treatment</u>	<u>Reason</u>	<u>Dosage</u>	<u>Route</u>	<u>Time</u>	<u>Self-Carry? (Y/N)</u>	<u>Possible Side effects</u>

For Student with Severe Allergy – see LUSD Allergy Emergency Health Plan form

For Student with Asthma:

Does student need medicine before PE or sports? No Yes PRN

Albuterol Inhaler- _____ puffs with spacer, 15-20 minutes before exercise; Other quick relief medication _____

If symptoms of coughing, wheezing, signs of difficulty breathing or _____:

1. Give quick relief medication Albuterol Inhaler _____ puffs (with spacer? Y___/N___)
Other quick relief medication: _____ Location of medication: _____ (School to complete)

2. Have helper call guardian and school nurse

3. If symptoms do not improve, repeat in 5-10 minutes.

4. **Call 911 if you see any of the following: Student having trouble walking or talking, stooped body posture, skin pulling in around collarbone and ribs with breathing, continuous coughing, or lips or fingernails turning gray, blue, or purple**
May give _____ puffs albuterol every 20 minutes (3 times maximum) until medical help arrives.

My signature below provides the authorization for the above written orders. I understand that all procedures will be implemented in accordance to CA state laws and regulations. I understand that specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for the maximum of one year. If changes are indicated, I will provide new written orders and authorization (may be faxed).

Health Care Provider Signature: _____ Date: _____

Address: _____ Phone: _____

To Be Completed By Parent: I authorize the school nurse and/or other trained school personnel to assist my child in taking his/her medications and treatments, and I authorize the nurse to consult with the Health Care Provider about my child's medical needs as necessary while my child is at school. I understand it is my responsibility to provide all medication, supplies and equipment and understand that if my child carries his own medication I should provide extra to be kept in the office in case needed.

Parent Signature: _____ Date: _____