

**La Mesa-Spring Valley School District
MEDICATION AUTHORIZATION AND PLAN**

All students receiving medication at school require a Medication Authorization and Plan. This Authorization serves as an individual Health Plan (IHP) for special education students. Prescription and non-prescription medications are permitted at school only when a completed Medication Authorization and Plan is on file. If any of the conditions of the Authorization change, a new form must be completed and signed by the parent and health provider. (A fax copy may be accepted until the original can be mailed or brought to the health office.) This form is valid for school year _____.

PARENT SECTION

I, the undersigned, as legal parent/guardian of _____ (student's name) _____ (birth date) attending _____ School, _____ grade, request a designated member of the school staff make available the following listed medication(s) to my child as prescribed on this authorization and in accordance with California law as referenced below. I will comply with the procedure listed on the back of this form related to dispensing medication at school.

Date Parent/Guardian Signature Parent/Guardian printed name

I authorize, as needed, the sharing of information related to my child's health between a District nurse (or designee) and the health care provider listed below.

Date Parent/Guardian Signature Parent/Guardian printed name

HEALTH PROVIDER SECTION

I hereby instruct a designated school staff member to assist the above student in taking:

Diagnosis/condition	Medication	Dose	Route	Time
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Side effects that may be experienced, even if given as prescribed: _____

EMERGENCY PLAN: _____

I have instructed this student in the proper use of the above listed medication(s). In my Professional opinion, _____ **MAY / MAY NOT (circle one)** carry and use this medication him/herself.

Printed name of provider MD/DO/DDS/DPM/NP/PA Telephone Number

Signature of provider CA license number Date

Reviewed by: _____ (school staff) Date: _____

REFERENCES: California Education Code Section: 49423 Medication at School; 49480 Continuing Medication. Business Professional Code: 2725 Verbal Orders; 4033 Definition of a Physician; 4036 Definition of a Lawful Prescription; 4051 Restrictions on Furnishing Medications Without