

COVINA-VALLEY UNIFIED SCHOOL DISTRICT  
STUDENT SERVICES

**REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS**

**TO BE COMPLETED BY PARENT/GUARDIAN:**

\_\_\_\_\_  
Last Name of Student      First Name      Gender      Date of Birth      School

I request that my student be assisted in using prescribed medication at school. I assume full responsibility for supplying all medication and shall deliver it, or have it delivered, to the school by another responsible adult, and agree to the District policies and procedures listed on the reverse side. I give my permission for the exchange of medical information regarding administration of medication at school with the authorized health care provider and pharmacist.

\_\_\_\_\_  
Signature of Parent/Guardian      Date      Telephone

**TO BE COMPLETED BY A LICENSED PHYSICIAN:**

Purpose of medication or diagnosis \_\_\_\_\_ ICD-10 Code \_\_\_\_\_

Name of Medication \_\_\_\_\_ Start Date \_\_\_\_\_

Dosage Prescribed \_\_\_\_\_ Time/Frequency \_\_\_\_\_ Route \_\_\_\_\_

How long medication is to be taken?  1 year  short term \_\_\_\_\_  
Date medication to be discontinued or # of days to be given

**Licensed Health Care Provider's Recommendations**

The medication may have adverse effects (explain): \_\_\_\_\_  
\_\_\_\_\_

Special instructions and/or comments: \_\_\_\_\_  
\_\_\_\_\_

**The above-named student for whom medication is prescribed is under my care.**

\_\_\_\_\_  
Print or Type Name of Physician      Signature of Physician

\_\_\_\_\_  
Address      Telephone      Date

Thank you, *Covina-Valley Health Services*: Office: 626-974-6435 ; Fax: 626-974-6436

**THIS REQUEST EXPIRES AT THE END OF THE SCHOOL YEAR. ALL MEDICATION NEEDS TO BE PICKED UP ON THE LAST DAY OF SCHOOL OR IT WILL BE DISCARDED**

COVINA-VALLEY UNIFIED SCHOOL DISTRICT  
STUDENT SERVICES

**DISTRICT PROCEDURES REGARDING MEDICATION TAKEN DURING SCHOOL HOURS**

1. Prescription medications must be clearly labeled by a U.S. dispensing pharmacy and contain the following information: (consistent with prescription of authorized licensed healthcare provider)
  - a. Student's full name
  - b. Physician's name
  - c. Dosage, schedule, and route
  - d. How long medication is to be taken? 1 year or short-term: (Date medication is to be discontinued or number of days medication is to be administered.)
2. In addition to a home supply, parents/guardians may request a second labeled bottle from the pharmacy for school use.
3. Non-prescription (over the counter) medications that have been authorized by this request, may be administered at school only if the medication is provided in the original container.
4. Requests for Medication to be Taken During School Hours must be renewed annually.
5. Parent/Guardian will notify the school nurse or site administrator and provide a new Request for Medication to Be Taken During School Hours when there is a change in the student's medication, health status or authorized health care provider.
6. The school administrator or the administrator's designee will assume responsibility for placing the medication in a locked cabinet, storage unit or locked refrigerator.
7. The school administrator, the administrator's designee, or school nurse will assume responsibility for returning unused medication to the parent/guardian at the end of the student's school year.
8. If medication must be taken while a student is on a field trip, arrangements must be made through the school nurse.
9. All injectable medications require special arrangements.
  - a. Injectable medications, such as insulin, used on a regular or as needed basis must be administered by licensed health care providers and require special arrangements.
  - b. Injectable medications, which are to be given on an emergency basis, require special arrangements and training of school staff by the credentialed school nurse.
11. Each medication requires a separate written authorization.

COVINA-VALLEY UNIFIED SCHOOL DISTRICT  
STUDENT SERVICES

**SOLICITUD DE MEDICAMENTO DURANTE HORAS DE ESCUELA**

**SER COMPLETADO POR LOS PADRES/TUTOR LEGAL:**

\_\_\_\_\_

| Apellido del Estudiante | Nombre | Genero | Fecha de Nacimiento | Escuela |
|-------------------------|--------|--------|---------------------|---------|
|-------------------------|--------|--------|---------------------|---------|

Solicito que a mi estudiante se le ayude con el medicamento recetado en la escuela. Asumo toda la responsabilidad de proveer todo el medicamento y debo entregarlo, o que sea entregado a la escuela por otro adulto responsable, y acepto las pólizas y procedimientos del Distrito anotadas al reverso. Doy mi permiso para el intercambio de información médica tocante la administración del medicamento en la escuela con el médico licenciado y el farmacéutico.

\_\_\_\_\_

| Firma de Padres/Tutores | Fecha | Teléfono |
|-------------------------|-------|----------|
|-------------------------|-------|----------|

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**TO BE COMPLETED BY A LICENSED PHYSICIAN**  
**(SER COMPLETADO POR UN MÉDICO CON LICENCIA)**

Purpose of medication or diagnosis \_\_\_\_\_ ICD-10 Code \_\_\_\_\_

Name of Medication \_\_\_\_\_ Start Date \_\_\_\_\_

Dosage Prescribed \_\_\_\_\_ Time/Frequency \_\_\_\_\_ Route \_\_\_\_\_

How long medication is to be taken?  1 year  short term \_\_\_\_\_  
Date medication to be discontinued or # of days to be given

**Licensed Health Care Provider's Recommendations**

The medication may have adverse effects (explain): \_\_\_\_\_

\_\_\_\_\_

Special instructions and/or comments: \_\_\_\_\_

\_\_\_\_\_

**The above-named student for whom medication is prescribed is under my care.**

\_\_\_\_\_

| Print or Type Name of Physician | Signature of Physician |
|---------------------------------|------------------------|
|---------------------------------|------------------------|

\_\_\_\_\_

| Address | Telephone | Date |
|---------|-----------|------|
|---------|-----------|------|

Gracias, *Servicios de Salud de Covina-Valley*: Oficina: 626-974-6435 ; Fax: 626-974-6436

**ESTA SOLICITUD EXPIRA AL FINAL DEL AÑO ESCOLAR. DEBEN RECOGER TODOS LOS MEDICAMENTOS EL ULTIMO DIA DE ESCUELA O SERÁ DESECHADA**

COVINA-VALLEY UNIFIED SCHOOL DISTRICT  
STUDENT SERVICES

**PROCEDIMIENTOS DEL DISTRITO SOBRE MEDICAMENTO DURANTE HORAS DE ESCUELA**

1. Los medicamentos recetados deben estar claramente etiquetados por una farmacia dispensadora de EE. UU. y contener la siguiente información: (consistente la receta de un médico autorizado y licenciado)
  - a. Nombre completo del estudiante
  - b. Nombre del médico
  - c. Dosis, horario y ruta de administración
  - d. ¿Cuánto tiempo debe tomar el medicamento? 1 año o corto plazo: (Fecha que debe discontinuar el medicamento o número de días que se administra el medicamento.)
2. Además del suministro de casa, los padres/tutores legales pueden solicitar un segundo frasco etiquetado por la farmacia para el uso escolar.
3. Los medicamentos sin receta (de venta libre) que hayan sido autorizados por esta solicitud, podrán administrarse en la escuela solo si el medicamento es proveído en el frasco original.
4. Las solicitudes para tomar el medicamento durante las horas de la escuela se deben renovar cada año.
5. Los padres/tutores notificarán a la enfermera escolar o al administrador del sitio y proveer una nueva solicitud de tomar medicamento durante las horas escolares cuando haya un cambio en el medicamento, estado de salud o médico autorizado del estudiante.
6. El administrador de la escuela o la persona designada por el administrador asumirá la responsabilidad de colocar el medicamento en un gabinete cerrado con llave, una unidad o refrigerador cerrado con llave.
7. El administrador de la escuela o la persona designada por el administrador, o la enfermera de la escuela asumirá la responsabilidad de devolver a los padres/tutor legal el medicamento no usado al final del año escolar del estudiante.
8. Si el medicamento se debe tomar mientras que un estudiante esté en una excursión, se deben hacer los arreglos con la enfermera de la escuela.
9. Todos los medicamentos inyectables requieren arreglos especiales.
  - c. Los medicamentos inyectables, como la insulina, usados regularmente o según sea necesario deben ser administrados por un médico con licencia y requieren arreglos especiales.
  - d. Los medicamentos inyectables, que deben administrarse en caso de emergencia, requieren arreglos especiales y entrenamiento del personal escolar por parte de la enfermera escolar licenciada.
10. Cada medicamento requiere una autorización por escrito.