

# DUBLIN SCHOOLS

## DUBLIN UNIFIED SCHOOL DISTRICT

### SEASONAL ALLERGY MEDICATION AND CONSENT FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

↓↓↓HEALTH CARE PROVIDER TO COMPLETE THIS SECTION FOR AT SCHOOL USE OF MEDICATION↓↓↓

**ANTIHISTAMINE:** \_\_\_\_\_ *EXACT* DOSE \_\_\_\_\_ mg

GIVE AS NEEDED FOR: \_\_\_\_\_ REPEAT EVERY \_\_\_\_\_

SIDE EFFECTS: \_\_\_\_\_

**INHALER:** \_\_\_\_\_ [ ] WITH SPACER DIRECTIONS/DOSE \_\_\_\_\_

GIVE AS NEEDED FOR: \_\_\_\_\_ REPEAT EVERY \_\_\_\_\_

SIDE EFFECTS: \_\_\_\_\_

**NASAL SPRAY:** \_\_\_\_\_ DIRECTIONS/DOSE \_\_\_\_\_

GIVE AS NEEDED FOR: \_\_\_\_\_ REPEAT EVERY \_\_\_\_\_

SIDE EFFECTS: \_\_\_\_\_

**EYE DROPS:** \_\_\_\_\_ DIRECTIONS/DOSE \_\_\_\_\_

GIVE AS NEEDED FOR: \_\_\_\_\_ REPEAT EVERY \_\_\_\_\_

SIDE EFFECTS: \_\_\_\_\_

**STAMP**

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

↓↓↓PARENT/GUARDIAN SIGNATURE FOR CONSENT↓↓↓

- I authorize school personnel, including trained non-licensed personnel to assist my child with the above medication according to physician instruction. (Ed. Code Sec 49423 and 49480)
- I give permission to school personnel to contact my child's physician for any clarification purposes.
- I am aware that this form must be renewed whenever the prescription changes and every school year.
- I understand that medication must not be expired and that prescription medications must be in original pharmacy labeled packaging. I will mark all "over the counter" medications/ supplies with my child's name.
- I request that my child have above prescribed medications available on all field trips or in case of disaster.
- I understand pick-up and delivery of all medications must be done by parent/guardian. I am aware that medications not picked up on the last day of school before summer break will be discarded.
- By signing below I agree to release from liability the district, its officers, employees and agents for any loss, damage, injury or liability of any kind to any person caused or arising from the acts, omissions or negligence of the district, it's officers, employees and agents related to the assistance of medication to my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### **MEDICATION INFORMATION**

Dear Parent/Guardian:

Students who require assistance with prescription or over the counter medication during the school day, field trips or in the event of a disaster, pursuant to a physician's prescription must have a parent and physician signed: "Medication Authorization and Consent Form" OR "Action Plan and Consent Form" on file at the school site. Forms are available for download at the district website. Forms must be completely filled out annually or whenever the prescription changes. Completed forms will allow district personnel including trained nonmedical staff to assist with medication. All medications are stored in the school health office. If student's medication regimen changes during the school year, new forms will be required immediately. Changes to your child's healthcare provider must also be communicated to the school site in writing.

Each school site receives a large number of medications and forms every school year. Please be sure to read below to avoid your forms or medications from being rejected.

- ▶ Prescription medication must be in original pharmacy packaging with pharmacy label attached.
- ▶ Over the counter medication must have child's name written on packaging.
- ▶ Medications must not be expired.
- ▶ Medication provided must match physician instruction written on form.
- ▶ Dosage ranges (i.e. 25-50mg) will not be accepted. Exact dosage is required for school medication assistance.
- ▶ Medication must be delivered to school health office by the parent/guardian.
- ▶ All medication must be picked up by a parent/guardian at the end of the school year. No medication will be given to a student to take home. Please check with your school site for deadline.
- ▶ Medication left in the school office at the end of the school year will be discarded on the last day of school.

For students who carry medication for self-administration, a parent/guardian must obtain and fill out a: "Self-Carry/Self Administration Authorization and Consent Form"  
This form is available at your school health office and is NOT available online

*If you have any questions, please contact the school Health Services Assistant or District Nurse.*