

Bonita Unified School District  
Office of Health Services  
Medication Administration in School

A. GENERAL POLICY

1. Education Code Section 49423 and 49423.5 (Board Policy 5220) states that any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel. This policy includes all medical prescriptions and over the counter medications (coughs drops, ointments, Tylenol).
2. No student shall be given medication during school hours except upon written request from a California licensed physician/healthcare provider who has the responsibility for the medical management of the student. All such requests must be signed by the parent or guardian.
3. A new form is required at the beginning of each school year and for each prescription change. The school year will include summer school following the regular school year.
4. Authorized providers include physicians, DO, AP, NP, DDS and Podiatrists.

B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

1. Parents/guardians shall be encouraged to cooperate with the physician/health care provider to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medications. Controlled medications, when delivered to school, will be jointly counted by parent and health office designee.
3. Students are not permitted to carry prescribed or over-the-counter medication on a school campus. Exception noted on medication form.
4. Parents/guardians are required to pick up medications from the school office at the close of the school year. Medication remaining after the last day will be discarded.
5. Parents/guardians are responsible for transferring medication to another school location if student is transferred.
6. Parents/guardians are responsible to notify Health Office if medication is to be given to student while on a field trip.

C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT OR GUARDIAN

1. A request form for prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school nurse, administrator or his designated representative.
2. The container must be clearly labeled by the physician or pharmacy with the following information:
  - a. Student's name
  - b. Physician's name
  - c. Name of medication
  - d. Dosage and schedule
  - e. Date of expiration of prescription
3. Each medication is to be on a separate medication form and in a separate pharmacy container prescribed for the student by a California licensed healthcare provider.
4. The drug name and the instructions on the medication container must match the physician's orders.

D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. The school administrator/designee will assume responsibility for placing medication in a locked cabinet.
2. Students will be assisted with taking medications according to the physician's instructions and the procedure observed by a school staff member.
3. Medication must be administered within 1 hour of prescribed time.
4. Prior to student self administering medication, school nurse may observe students capability to self administer medications safely.

E. RESPONSIBILITY OF STUDENT

1. Students will come to the Health Office for medication at prescribed times.
2. Students will not share any over-the-counter or prescription medication with anyone else.  
*If you have any questions or concerns, please do not hesitate to call (909) 971-8200 x 6021.*

Sincerely,  
Deborah Croan, R.N., District Nurse

**Bonita Unified School District**  
**Office of Health Services**  
**Authorization for Medication to be Given During School Hours**

**Parent Section:**

STUDENT'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

I hereby give my permission for school personnel to give the medication listed below as directed. I also give the school nurse permission to contact the physician regarding the child's reaction to the medication or if there is a change in the child's health status.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

---

**Physician Section:**

Medical Diagnosis: \_\_\_\_\_

Medication Name / Generic Name: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

Discontinue date: \_\_\_\_\_

List significant side effects: \_\_\_\_\_

*Due to the student's health condition of asthma, migraines, and/or anaphylaxis, student must carry medication on his/her person:  Yes  No (not recommended for elementary aged students)*

Physician's Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Physician's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**All medication authorizations are good for the current school year only**

**Bonita Unified School District**  
**115 W. Allen Ave.**  
**San Dimas, CA 91773**  
**(909) 971-8200 ext. 3020 Fax (909) 971-8239**