

Directive to Administrators (Specify which administrators)		WAD (Wednesday) Publication Date	WAD Notice (Number)	No. of Pages
School Site Administrators		December 9, 2009		1 of 7
WAD Title (Limit to 4-6 Words)		Date Due (if applicable)	Not Applicable After this Date:	
Medication Administration		Now		
From:	Title:	Signature:	Telephone:	
Meyla Ruwin (Cabinet member or approved by one below)	Senior Executive Director, Student Support Services		(415) 242-2615	
Inform:				
(X) Certificated Staff (X) Classified Staff () Parents () Post on Bulletin Board Other _____				
<p>Administrative Directive</p> <h2>Medication Administration</h2>				
WHO? Site administrator and his/her designee for medication administration				
WHAT? Medication Administration is the responsibility of the site administrator utilizing the medication administration protocol, procedures, and law available in the School Health Manual and the attached Medication Form and Medication Log.				
WHY? The right of students to receive medication at school exists in the following:				
<p><i>California Education Code</i> Section 49423 provides statutory authority for providing assistance in administering medication in California schools. <i>EC</i> Section 49423 states: Notwithstanding the provisions of Section 49422, any student who is required to take, during the regular school day, medication prescribed for him by a physician, <i>may</i> be assisted by the school nurse or other designated school personnel <i>if</i> the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the student indicating the desire that the school district assist the student in the matters set forth in the physician's statement.</p>				
HOW? Follow the SFUSD medication administration protocols and procedures. Use the attached Medication Form and Medication Logs (one for daily medication and one for as needed medications.) Medication forms are also available in Spanish and Chinese. For further questions call the Nurse of the Day at 242-2615 .				
<input type="checkbox"/> Medication administration protocols and procedures, log, and forms are available in the School Health Manual and all medication forms can be downloaded at www.healthiersf.org/Resources/index.html				
<input type="checkbox"/> A listing of the relevant sections of the California Education Code and glossary is available in the School Health Manual Medication Administration Section or at http://www.cde.ca.gov/ls/he/hn/medadvisoryapp.asp				
WHEN? Whenever a prescription or over-the-counter medication is taken by a student at school.				
Approved		Title: Associate Superintendent Student Support Services	Signature:	
SAN FRANCISCO UNIFIED SCHOOL DISTRICT - WEEKLY ADMINISTRATIVE DIRECTIVE (WAD)				

San Francisco Unified School District – Student Support Services Department

MEDICATION FORM (One Medication Per Form)

Dear Parent/Guardian/Caregiver:

California Education Code 49423 provides that students required to take medically prescribed or over-the-counter medications during the school day **MAY** be assisted by school personnel **ONLY** if the school district receives a specific written statement from the health care provider **AND** the parent/guardian/caregiver of the student. **Please complete this entire form and return it to the Principal.**

IF POSSIBLE, PLEASE SCHEDULE MEDICATION OUTSIDE OF SCHOOL HOURS.

P l e a s e p r i n t l e g i b l y i n a l l s e c t i o n s

Student Name: Last	First	Middle	Date of Birth (Month/Day/Year)
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HEALTH CARE PROVIDER SECTION

Health Condition for which medication is prescribed:	Medication: Dose: Frequency: _____ Duration: _____
How is medication to be given? By mouth Inhalation Injection Topical Other: _____	About what time does medication need to be given at school? _____ AM / PM
The medication is to be continued as above until: (please be as specific as possible about date)	Any precautions that school personnel need to know? Contraindications?
What are possible reactions/side effects?	What should be done in the event of reaction/side effect?
<p><u>Check appropriate boxes below:</u></p> <p>I authorize this student to self-administer the above medication.</p> <p>I authorize designated school personnel to administer the above medication.</p>	
Print name, address & phone number of Health Care Provider	Signature of Health Care Provider

PARENT / GUARDIAN / CAREGIVER SECTION

Parent/Guardian/Caregiver Name	Home Language	Daytime Phone ()
Address – Number and Street	Apt No. City	Evening Phone ()
School	Children’s Center / Elementary / Middle / High	School Hours
<p><u>Check appropriate boxes below:</u></p> <p>I permit my child to give himself/herself the above medication.</p> <p>I permit designated school personnel to give my child the above medication.</p>		

1. I agree to hold the San Francisco Unified School District (SFUSD) and its employees harmless from any and all liability for the results of taking the medication or the manner in which the medication is given.
2. I will reimburse the SFUSD and its employees for any liability arising out of these arrangements.
3. I will notify the Principal of the school immediately if there is a change in my child’s medication.
4. I understand it is my responsibility to send the medication to school in the **original pharmacy container** labeled with my child’s name and the health care provider’s instructions.
5. I understand that this form automatically expires at the end of each school year.
6. **I give my consent for school authorities to take appropriate action for the safety and welfare of my child.**

Parent/Guardian/Caregiver Signature _____ Date _____



San Francisco Unified School District
Student Support Services Department
 1515 Quintara Street
 San Francisco, CA 94116
 Tel 415.242.2615
 Fax 415.242.2618

MEDICATION LOG

Student's Name: _____ Date Medication Ordered: _____

Health Care Provider Name: _____

Health Care Provider Phone: _____ Fax: _____

Medication Name: _____ Medication Dose: _____

Medication Times: _____ Method of Administration: _____

Special Instructions: _____

Date	Time	ADM. BY	Controlled Substances only: Record amount remaining	Date	Time	ADM. BY	Controlled Substances only: Record amount remaining

Print Name; Signature; Initials
 _____ ; _____ ; _____
 _____ ; _____ ; _____
 _____ ; _____ ; _____

Controlled substances are drugs that are regulated by the U.S. Drug Enforcement Administration (DEA). These drugs generally have potential for abuse or illicit distribution. The DEA has divided controlled substances into five schedules according to their potential for abuse. Schedule I drugs have the greatest potential for abuse and Schedule V drugs have the least. **It is a criminal act to violate federal law related to controlled substances.** A Schedule II drug that is commonly administered in schools is Ritalin (methylphenidate). More information about the five schedules of controlled substances may be found on the DEA Web site at <http://www.usdoj.gov/dea/pubs/csa.html>

SFUSD Medication Administration Log
 Available @ <http://www.healthiersf.org/Forms/index.html>



MEDICATION LOG for As Needed Medication (PRN)

Student's Name: _____ Date Medication Ordered: _____

Health Care Provider Name: _____

Health Care Provider Phone: _____ Fax: _____

Medication Name: _____ Medication Dose: _____

Medication Times: _____ Method of Administration: _____

Special Instructions: _____

Date	Time	ADM. BY	Controlled Substances only: Record amount remaining	Symptoms Child is experiencing.	Additional Action Taken (parents notified, referred to Health Care provider)

Print Name; Signature; Initials

_____; _____; _____
 _____; _____; _____
 _____; _____; _____

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SFUSD Medication Administration Log

Available @ http://portal.sfusd.edu/template/default.cfm?page=chief_dev.health.MedicalForms

Date	Time	ADM. BY	Controlled Substances only: Record amount remaining	Symptoms Child is experiencing	Additional Action Taken (parents notified, referred to Health Care provider

Omitted Medication and Medication Errors

Date	Time	Reason for not giving medication or detail of medication error.	Action taken	Initial

Print Name; Signature; Initials

_____ ; _____ ; _____
 _____ ; _____ ; _____
 _____ ; _____ ; _____

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