



LODI UNIFIED SCHOOL DISTRICT
Special Services/ Health Division

**Consent for Medication Administration/Self-Administration of Medication in School
Release of Medical Information and Release of Liability**

School Site: _____

Student's Name: _____ Grade: _____ Date of Birth: ____/____/____
Last Name First Name MI

Medication may be safely taken at school with the assistance of school staff if the following information is completed and the parent/guardian agrees to the following terms and condition: Note this form is valid for one year. (Ed Code 49423)

1. Any pupil who is to take medication prescribed by a physician may be assisted by a school nurse or other designated school personnel. This accommodation is provided only when the schedule of medication would otherwise require the pupil to remain home, when medication is needed for emergency situations, or for specific health reasons. As a Parent/Guardian, I have the right to come to school and administer medication to my child if I feel it is necessary. Students may carry and self-administer medication (inhaler or Epi-pen) at school when the Parent/Guardian, physician, and school nurse determine student is competent to do so.
2. Parent/Guardian is required to bring the medication to school and to pick up any unused medication at the end of the school year.
3. Medication administered at school must be provided in its pharmacy-labeled bottle or in original pharmacy labeled injectable medication kit. The label shall state: student's name, date, name of medication, dosage, time(s) to be given, special instructions and physician's name. Parent/Guardian must provide appropriate dosage measuring device, especially for liquid medication. Over-the-counter medication must remain in manufacturer's container and be marked with student's name.
4. I acknowledge that I have an obligation to report to Lodi Unified School District and to execute a new consent form if student's medication, dosage, frequency of administration, or reason for administration changes during the school year.
5. The school is not legally obligated to provide this service and cannot be held responsible for missed or refused doses, side effects caused by the medication or any other problems. In return for the school district's assistance in administering the medication, I hereby waive any claim for injury against the school district, or its employees, arising from the administration of medication.
6. I further consent to the disclosure of my individually identifiable health information by physician to a school nurse or other personnel designated by Lodi Unified School District for the purpose of consulting with Physician regarding any questions that may arise with regard to the medication.

I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to hold harmless, release, and covenant not to sue the Lodi Unified School District, its officers, employees, and agents, for any and all liability, claim, or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self administration of medication.

Parent/Guardian Signature: _____ Date: _____
Address: _____ Home Phone: _____ Work Phone: _____

Carry and Self-Administered Medication Only:

I also hereby consent to allow _____ (student) to carry and self-administer the following medication during the regular school day or while at school-related activities: _____ auto-injectable epinephrine _____ inhaled asthma medication
A written statement from the student's physician is noted below.

Parent/Guardian Signature: _____ Date: _____

To Be Completed by Physician

Please Print

Name of Medication (as prescribed): _____ Dosage: _____
Method of Administration: _____ Time(s) to be dispensed at school: _____
Duration: _____ Health condition for medication: _____
Special Instructions/Precautions: _____
Possible Side Effects: _____

Pursuant to Education Code sections 49423 and/or 49423.1, this is to confirm that _____ (student) is able to carry and self-administer the following medications: _____ auto-injectable epinephrine _____ inhaled asthma medication

A new consent form will be required if student's medication, dosage frequency of administration, or reason for administration changes during the school year. The current authorization will be effective for one school year.

I, _____, certify that the foregoing is true and correct.
Physician's Name (print)

Signature: _____ Date: _____ Fax: _____
Address/City _____ Telephone: _____

Estimados Padres ó Tutor:

La medicina puede ser dada en la escuela solamente si el padre ó el doctor llenan la información al reverso de esta forma. La medicina debe ser trada a la escuela por el padre y ser rotulada por el farmacéutico. El distrito escolar no es responsable por los resultados ó efectos secundarios de la medicina. Con su firma usted está de acuerdo en "renunciar por ml parte y por parte de ml hijo(a) al derecho de sostener cualquier acción legal por datos contra el distrito escolar por cualquier efecto negativo que la medicina pueda tener en ml hijo(a)".

Spanish Version - Medication at School

Txog: Cov ua niam ua txiv txhua tus

Hauv tsev kawmhlawv yuav muab tshuaj rau koj tus menyuam noj rau, tiam sis yuav tsuim yog niam thiab txiv thiab tus kwstshuaj (parent and physician) sau teb rau daim ntawv nyob sab nraum no. Niam thiab txiv yuav tsuim nqa cov tshuaj uas tus menyuam yuav noj ntawd tuj rau hauv tsev kawmhlawv thiab cov tshuaj ntawd yuav tsuim muaj daim ntawv sau qhia kev noj tshuaj los ntawm lub tsev muag tshuaj noj ntawd kom zoo. Nco ntsoov tias yog muaj tseebmeem li cas los ntawm koj kev noj tshuaj ntawd mas lub tsev kawmhlawv yuav tsis tsis lub txim ntawd. Koj yuav tau sau npe lees paub tias, "Niam koj tus kheej thiab koj tus menyuam yuav tsis sau ntaub ntawv koj lub tsev kawmhlawv rau tej yam uas lawv muab tshuaj rau koj tus menyuam noj es ho ua rau nws muaj mob".

Hmong Version

Phụ huynh/Người báo hộ thân mến:

Thuốc có thể cho uống lại trường với điều kiện là phụ huynh và bác sĩ phải điền vào phần sau của thư này. Phụ huynh phải mang thuốc vào trường và phải có nhãn hiệu do được sĩ ghi rõ cách dùng. Nhà trường không chịu trách nhiệm về kết quả của thu- uống hoặc cáo triệu chứng có thể xảy ra trong khi sử dụng thuốc. Chữ ký phụ huynh đồng ý là "Với nhân danh là cha mẹ và nhân danh của con em tôi, tôi từ bỏ tất cả quyền lợi luật pháp về thua kiện lại nhà trường về sự thiệt hại ảnh hưởng đến con em tôi trong khi chúng sử dụng thuốc tại trường".

Vietnamese Version

ឧបត្ថម្ភចម្រើនសុខភាពសិស្ស/ការព្យាបាល:

ព្រឹត្តិការណ៍ព្យាបាលសិស្សនៅសាលា គឺជាវិធីសាស្ត្រសំខាន់បំផុតក្នុងការព្យាបាលជំងឺរបស់សិស្ស។ ការព្យាបាលសិស្សនៅសាលា ត្រូវធ្វើឡើងដោយមានការអនុញ្ញាតពីគ្រូពេទ្យ និងគ្រូបង្ហាត់សិស្ស។ ការព្យាបាលសិស្សនៅសាលា ត្រូវធ្វើឡើងដោយមានការអនុញ្ញាតពីគ្រូពេទ្យ និងគ្រូបង្ហាត់សិស្ស។ ការព្យាបាលសិស្សនៅសាលា ត្រូវធ្វើឡើងដោយមានការអនុញ្ញាតពីគ្រូពេទ្យ និងគ្រូបង្ហាត់សិស្ស។ ការព្យាបាលសិស្សនៅសាលា ត្រូវធ្វើឡើងដោយមានការអនុញ្ញាតពីគ្រូពេទ្យ និងគ្រូបង្ហាត់សិស្ស។

Khmer/Cambodian Version

محترم والدین/سرپرست :

مکتول میں طلباء کو ایسی صورت میں درائی دی جاسکتی ہے جبکہ ڈاکٹر اور والدین اس فارم کے پچھلے حصے کو مکمل کریں۔ درائی والدین سکول میں خود لے کر آئیں اور اس پر فارمیسی کا لیبل لگا لیں۔ طبیہ سکول درائی کے نتائج اور رد عمل کا نمہ دار نہیں ہو گا۔ آپ کو مستحکم کرنا ہونگے کہ میں اپنے اور بچے کی جانب سے درائی کے ردعمل اور بُرے نتائج کے سلسلے میں سکول کو نمہ دار ٹھہرانے کے حق سے است بردار ہوتا/ہوتی ہوں۔