

2020 – 2021 SCHOOL YEAR MEDICATION PERMISSION - *REGISTRO DE MEDICAMENTOS*

PARENT/GUARDIAN: Please complete this form and return to the school nurse.

PADRE de FAMILIA o TUTOR LEGAL: Por favor llene este formulario y devuélvalo a la enfermera escolar.

I request the school nurse, or other designated school official, administer to the student named below the following medication in compliance with the Protocol and Guidelines for Student Medications, Dietary Supplements and Medical Monitoring Devices for Paradise Valley Unified School District:

Solicito a la enfermera escolar, o cualquier otro miembro designado del personal de la escuela, que administre al alumno mencionado a continuación el medicamento siguiente, en cumplimiento del Protocolo y las Normas para la administración de medicamentos, suplementos alimenticios y aparatos de monitoreo médico a los alumnos del Distrito Escolar Unificado Paradise Valley:

Student Name *Nombre del alumno:* _____ Teacher *Maestro:* _____ Grade *Grado:* _____
 Medication *Medicamento:* _____ Dosage *Dosis:* _____
 Reason for Medication *Razón para tomar el medicamento:* _____
 Time *Hora:* _____ Dates *Fechas:* From *Desde* _____ To *Hasta* _____

Parent/Guardian signature on this card acknowledges the following:

Con su firma en este documento, el padre de familia o tutor legal acepta lo siguiente:

1. Prescription medication is to be brought to the school in its *original prescription container with a current dispensing pharmacy label affixed*. The label shall indicate the *student's name, prescription number, name of medication, dosage, and number of times a day to be administered*. Non-prescription (over-the-counter) medication and dietary supplements must also be brought to school in their *original container*. The *date, time to be given, and amount to be given* are entered above.
Un medicamento recetado debe traerse a la escuela en el envase original de la farmacia, con la etiqueta vigente indicando el nombre del alumno, número de la receta, nombre del medicamento, dosis y las veces al día que se debe administrar. Igualmente, los medicamentos de venta libre (over-the-counter) y los suplementos alimenticios deberán estar en su envase original. La fecha, hora de administración y cantidad a ser administrada, están indicadas arriba.
2. I understand that all medication must be kept in a locked cupboard in the school Health Office and that it is the student's responsibility to report to the Health Office for the administration of the medication at the prescribed time. I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to this medication. I authorize communication between the school nurse or other designated school officials and the child's physician regarding this medication.
Entiendo que todos los medicamentos se deberán guardar bajo llave en el Centro de Salud de la escuela y que es la responsabilidad del alumno el reportarse a dicho Centro de Salud o enfermería para recibir su medicamento a la hora prescrita. Estoy de acuerdo en que el Distrito escolar y sus empleados no serán responsables por reclamos, demandas, procesos de acción, obligaciones o pérdidas de ninguna clase debido a, o como resultado de actos u omisiones con respecto a este medicamento. Autorizo la comunicación entre la enfermera u otro miembro designado del personal de la escuela y el médico de mi hijo(a), en relación con este medicamento.
3. For safety reasons, best practice dictates that all medication(s) be brought to the school by the parent/guardian and checked in with the nurse. In addition, the parent/guardian must pick up any remaining stock of medication(s) at the end of each school year.
Las mejores prácticas establecen que, por razones de seguridad, uno de los padres o tutores legales deberá traer a la escuela todos los medicamentos necesarios y entregarlos a la enfermera; además, al final del año lectivo, el padre o tutor legal deberá recoger cualquier medicamento sobrante.
 - a. I understand the recommendations for safe transport of medications to and from school and am aware of the risks involved for my student to transport their medication(s) to and from school during the school year
Entiendo las recomendaciones respecto al transporte seguro de medicamentos entre la casa y la escuela y estoy al tanto de los riesgos que conlleva el que mi hijo(a) lleve y traiga sus medicamentos a la escuela y a la casa durante el año lectivo.
 - b. In the event I choose to have my child transport medication(s) to and from school during the school year, I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to the transport of the medication(s).
En caso de que yo autorice a mi hijo(a) para llevar y traer medicamentos a la escuela y a la casa durante el año lectivo, estoy de acuerdo en que el Distrito escolar y sus empleados no serán responsables por reclamos, demandas, procesos de acción, obligaciones o pérdidas de ninguna clase debido a, o como resultado de actos u omisiones con respecto al transporte de este(os) medicamento(s).

Signature _____ Date _____
Firma Fecha
 Print Name _____ School _____
Nombre en letra de molde Escuela
 Home Phone _____ Work Phone _____ Cell Phone _____
Teléfono casa Teléfono trabajo Teléfono celular
 E-mail Address _____
Dirección de correo electrónico

Student Name _____ Grade _____		M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F																																																																																																																																																																																																																																																																																																																																																																																				
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KEY: A=Absent B=Bottle home for refill C=Called student in to give E=Early Dismissal F=Field Trip H=Holiday (No School) HA=Home Administered N=No Show (Not given) O=No Meds at school R=Refused

NOTES: _____

Student's Name: _____ Grade _____