

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT HEALTH SERVICES

PARENT/PHYSICIAN RELEASE FOR MEDICATION IN SCHOOL

PLEASE NOTE: THIS FORM MUST BE COMPLETED EACH SCHOOL YEAR FOR EACH MEDICATION

I. POLICY GOVERNING THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL – FCUSD
Policy #BP 5140

It is the policy of the Folsom Cordova Unified School District to cooperate with the pupil's parent/guardian and his/her physician by administering and providing a safe place for the storage of medication. Trained school personnel may store and or dispense such prescribed medication to pupils upon written request of the pupil's parent/guardian and physician only when the medication is in the original container.

II. BASIC LEGAL PROVISION – California Education Code, Section 49423 (1976)

Notwithstanding the provision of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if 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 pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

III. PARENT REQUEST FOR ADMINISTRATION OF MEDICINE PRESCRIBED BY A PHYSICIAN

Student's Name _____ Birthdate _____ Grade _____ School _____

My child will need to take medication at school.

We the undersigned, who are the parents/guardian of _____ request that a designated member of the school staff, in accordance with instructions administer medicine during school hours to said child outlined below and signed by our physician.

In agreeing to have the school administer our son's/daughter/s medication, I voluntarily agree to release, discharge, and hold harmless Folsom Cordova Unified School district and its officers, agents, and employees for any and all claims of liability arising out of their negligence, recklessness or any other act of omission which causes our child's illness, injury, death, and damages of any nature in any way connected with the administration of our child's medication.

We understand that the major responsibility for a child taking medication rests with the child and his/her parents or guardian and that we are required to personally bring the medication to school (preschool through 6th grade). We understand that students in grades 7 through 12 may bring their own medication to the school office.

Parent/Guardian Signatures _____ Date _____

Print Name _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency contact _____ Phone _____

IV. **PHYSICIAN'S INSTRUCTIONS - Please note:** School Nurses are not always available on the school campus. Whenever possible please prescribe medication that can be given outside of the school day. If medication must be administered during school hours, please complete the information below:

Medication: _____ Dosage _____ Time (s) _____

Method of administration _____ Duration of time to be taken: _____

Physician's Instructions/Possible side effects of medication _____

Will student need to personally carry this medication? Yes No (may not carry controlled substances)

Will student be "self – administering" this medication? Yes No (excluding controlled substances)

Physician's name: (please print) _____

Physician's Signature _____ Date _____

Address _____ Telephone # _____ Fax # _____