



SOUTH SAN FRANCISCO UNIFIED SCHOOL DISTRICT
398 B Street, South San Francisco, CA 94080-4423
(650) 877-8700 / Fax (650) 583-4717
www.ssfusd.org

The attached forms are to be completed each year by the student's parent/guardian and doctor for any child taking medication at school. This form also instructs school personnel on how to care for your child in the event of a medical emergency at school due to a medical condition.

GUIDELINES FOR MEDICATIONS AT SCHOOL
Education Code 49423

1. The students' parent/guardian must submit a completed and signed medication order for all medications used at school (including prescription and over-the-counter) from the physician. The parent/guardian must also submit a signed statement requesting school personnel to assist the student in following the physician's instructions.
2. All medications including over-the counter and prescriptions must be dropped off in their original unopened containers and not past the expiration date. Prescription medications must be in the original prescription container with the **pharmacy label**.
3. Students are allowed to self-carry and/or self-administer EpiPens and Asthma medication only if the physician selects "Yes" in the self-carry/self-administer section and the parent/guardian signs the self-carry/self-administer parent section.
4. This form must be completed annually by the physician and parent/guardian, and each time there is a change in medication and/or dosage.
5. On the last day of school, pick up your child's medication from the school Health Office.
Medications left after the last day of school will be disposed of properly and protected health information will be destroyed.

Thank you for your cooperation,

Health Services Department
Kai Angelot, RN kaiangelot@ssfusd.org
Marissa Meyer, RN marissameyer@ssfusd.org
Mayura Vali, RN mayuravali@ssfusd.org
School District Nurses
Office phone: 650-827-8479



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Emergency Medical Instructions & Hold Harmless Statement
To be completed by Healthcare Provider and Parent/Guardian

Student: _____ DOB: _____

Medical Diagnosis: _____

Medication Name (one per form): _____

Dosage: _____ Frequency: _____ Route: _____

Other course of action in emergency: _____

Self Carry and Self Administration: Specify if the student is able to self-carry and self-administer the above named medication (This option is only available for Asthma inhalers and EpiPens per Board Policy Regulation 5141.21)

Yes / No

By circling "Yes" above I certify that this student is responsible with this medication and mature enough to safely self-carry/self-administer. The student understands how to take the medication according to the above orders and will follow the health care provider's instructions.

I am a duly licensed Physician / Nurse Practitioner / Physician's Assistant in the state of California.

Name: _____ Date: _____ Phone number: _____

Signature: _____ Clinic name or stamp: _____

Parent/Guardian Signature

I, parent/guardian of the above named student, hereby indemnify and hold harmless from any and all demands, claims, actions, suits, or liability of any nature or kind, any and all personnel, employees, and agents of said district who may act pursuant to the above instructions or pursuant to the instructions of the student's health care provider.

Name: _____ Relationship: _____

Signature: _____ Date: _____

Self Carry and Self Administration

I, parent/guardian of the above named student, hereby allow my student to **self-carry and self-administer** the above medications as ordered by the health care provider. This option is only available for Asthma inhalers and EpiPens.

Medication Name (asthma inhaler or EpiPen): _____

Parent/Guardian Name: _____ Signature: _____ Date: _____



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Emergency Medical Instructions & Hold Harmless Statement

Parent/Guardian Signature only

I, the Parent / Guardian of _____ (student at South San Francisco Unified School District), in the event of any emergency affecting the health or welfare of said student hereby request and instruct the subject school to:

1. Immediately notify parent / guardian:

Name & phone: _____

Alternate name & phone: _____

2. Notify doctor:

Name & phone: _____

3. Transport to the following hospital: _____

Parent/Guardian Signature

I, parent/guardian of the above named student, hereby indemnify and hold harmless from any and all demands, claims, actions, suits, or liability of any nature or kind, any and all personnel, employees, and agents of said district who may act pursuant to the above instructions or pursuant to the instructions of the student's health care provider.

Name: _____

Relationship: _____

Signature: _____

Date: _____

Self Carry and Self Administration

I, parent/guardian of the above named student, hereby allow my student to **self-carry and self-administer** the above medications as ordered by the health care provider. This option is only available for Asthma inhalers and EpiPens.

Medication Name (asthma inhaler or EpiPen): _____

Parent/Guardian Name: _____ Signature: _____ Date: _____