



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

School: \_\_\_\_\_ Date: \_\_\_\_\_

To Parent/Guardian:

To protect all children and to conform with the State Education Code, no student may bring any medication (prescription or non-prescription) to school. Only medication prescribed by a health care provider may be taken during school hours.

If your student needs medication, either for a few days or over an extended period of time, and it must be given during school hours, please request an "Administration of Medication During School Hours" form from the school health office. Please request that your physician/health care provider write directions on the form.

Medications must be delivered by the parent or guardian to the school nurse in the original labeled prescription bottle, together with the Medication form signed by the health care provider and parent/guardian.

**Only under these conditions may any medicine be given at school.**

Thank you for your cooperation!

Sincerely,

Ana Maria Apodaca  
Director of Health Programs

351 S. Hudson Ave., Pasadena, CA 91101  
626-396-3600 ext. 88240  
Fax: 626-794-1868  
[www.pusd.us](http://www.pusd.us)



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

Escuela: \_\_\_\_\_ Fecha: \_\_\_\_\_

A los Padres/Tutores: Para proteger a todos los niños y estar en conformidad con el Código de Educación del Estado, ningún estudiante puede traer medicina alguna a la escuela (recetada o no recetada). Únicamente medicina recetada por un proveedor médico se puede tomar durante las horas de escuela.

Si su hijo, hija necesita medicina ya sea por unos cuantos días o por un largo período de tiempo y se deben dar durante las horas de clases, por favor pida a la oficina de salud de la escuela la forma "Administración de Medicamento Durante Las Horas de Clases" y llévela a su médico o proveedor de cuidado médico para que escriba las instrucciones en la forma.

Las medicinas deben ser entregadas a la enfermera de la escuela por un padre/tutor en la botella o envase original con la etiqueta de la receta.

**Únicamente bajo estas condiciones se puede dar cualquier medicina en la escuela.**

Sinceramente,

Ana Maria Apodaca  
Directora de los Programas de Salud

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**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS DEPARTMENT**

**ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

California Education Code Section 49423 & 49423.1 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school, to maintain or improve health status and to improve the potential for education and learning. Unless otherwise stated this order expires on the last instructional day of the school year or extended school year; e.g. summer school.

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_ GRADE: \_\_\_\_\_ BD: \_\_\_\_\_

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Date patient examined: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PHYSICIAN** Medication prescribed: \_\_\_\_\_  
Medication administered until: \_\_\_\_\_

Route: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

**It is necessary for this medication to be taken during the school day at the above time(s)**

Physician/Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Physician's/Provider's Name: \_\_\_\_\_ NPI# \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**I authorize school personnel to administer the above medication to my child as ordered by our physician. I give permission for the school nurse to communicate directly with our physician as necessary regarding any concerns or questions related to the administration of this medication.**

**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN** Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Does your child need extra medication after school for childcare (circle one)? Yes No

**No over-the-counter medicines will be given at school unless prescribed by a physician and in the original properly labeled container**

**DISTRITO ESCOLAR UNIFICADO DE PASADENA HEALTH SERVICES**

**MEDICAMENTO REQUERIDO DURANTE EL HORARIO ESCOLAR**

El Código de Educación de California Sección 49423 y 49423.1 permite a la enfermera escolar u otra persona designado asistir a los alumnos quienes requieren tomar medicamento durante el horario escolar. Este servicio se provee para permitir que el alumno permanezca en la escuela, para mantener o mejorar su estado de salud y para aumentar su potencial de aprendizaje académico. Al menos que se indique lo contrario, esta orden expira el último día de clases del año en curso o año escolar extendido, por ejemplo, escuela de verano.

NOMBRE DEL ALUMNO(A): \_\_\_\_\_ FECHA: \_\_\_\_\_ GRADO: \_\_\_\_\_  
ESCUELA DE ASISTENCIA: \_\_\_\_\_ FECHA DE NACIMIENTO: \_\_\_\_\_

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Date patient examined: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PHYSICIAN** Medication prescribed: \_\_\_\_\_  
Medication administered until: \_\_\_\_\_

Route: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

**It is necessary for this medication to be taken during the school day at the above time(s)**

Physician/Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Physician's/Provider's Name: \_\_\_\_\_ NPI# \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Yo autorizo al personal escolar para que administre el medicamento arriba mencionado a mi hijo(a), según lo prescrito por nuestro médico. Yo doy mi consentimiento para que la enfermera escolar se comunique directamente con nuestro médico, si es necesario, con respecto a cualquier asunto o preguntas relacionadas con la administración de éste medicamento.

Padre o Tutor: \_\_\_\_\_  
(Firma)

**(Esta sección debe ser completada por el padre/tutor)** Fecha: \_\_\_\_\_  
Domicilio: \_\_\_\_\_  
Teléfono (casa): \_\_\_\_\_ Trabajo: \_\_\_\_\_

¿Es necesario medicamento adicional para el cuidado de niños después de la escuela?    Sí            No

**Ningún medicamento sin receta deberá ser administrado en la escuela al menos que sea recetado por el médico y en el envase original debidamente etiquetado.**