

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

PLEASE NOTE: this form must be completed each school year or more frequently if necessary.

Student _____ Birth date _____ School _____

I. Basic Legal Provision - California Education Code, Section 49423

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 name of the medication, method of administration, 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.

Designated school personnel may administer medication to pupils upon written request of the pupil's parent/guardian and physician **only** when the medication is in the original container.

II. Parent Request

Please check **one** of these boxes.

- I/We the undersigned, the parent(s)/guardian(s) of _____, request that medicine be administered to said student by a designated member of the school staff, in accordance with the instructions outlined here and signed by our physician.
- As indicated here in our physician's statement, our student, _____, will self-administer their own medication when required and we are **not** requesting school personnel to assist in the administration of our students' medication. I/We hereby release, discharge and hold harmless Sacramento City Unified School District and its officers, agents and employees for any and all claims of civil liability arising out of an act or omission that causes our student to suffer an adverse reaction as a result of their self-administering medication.

We understand that the major responsibility for a student taking medication rests with the student and their parents, and that we are required to personally bring the medication to school for students in kindergarten through 8th grade. We understand that students in grades 9 through 12 may bring their own medication to the school office.

Parent/Guardian Name(s) _____ Date _____ Phone _____

Parent/Guardian Signature(s) _____

Address _____

Emergency contact _____ Phone _____

III. Physician Instructions

Student _____ Age _____ Birth date _____

School _____ Grade _____

TO PHYSICIAN: Please note: If possible, 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(S)	DOSAGE	ROUTE OF ADMINISTRATION	APPROXIMATE TIME OF DAY

Diagnosis or indication for medication _____

Length of time to be taken _____

Precautions and additional instructions _____

Side Effects _____

For emergency medication(s) _____ only,

- a. Is the student capable of self-administering the treatment/medication? Yes No
- b. Will the student need to carry this medication on their person? Yes No
- c. Will the student need to self-administer this medication? Yes No

Signature of Physician Print/Type/Stamp Physician's Name

Address _____ Phone _____ Date _____

NPI # _____

Please Fax completed form to SCUSD Health Services 916-399-2028