

PUBLIC SCHOOLS OF YUBA COUNTY

- Marysville Joint Unified School District
- Wheatland Union High School District
- Camptonville Union School District
- Yuba County Office of Education
- Wheatland Elementary School District

PHYSICIAN/PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Student _____ Date of Birth _____

School _____ Phone _____

THE ABOVE STUDENT IS TO BE GIVEN MEDICATION AS PRESCRIBED BELOW:

Medication _____ Dosage _____

Administration form/route _____

Time(s) _____ Discontinue Date _____

Precautions, anticipated reactions _____

Disposition of student after medication: Class Home Other: _____

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____ Fax: _____

If checked, this student may carry the following on his/her person and has sufficient knowledge and skill to self-administer appropriately.

- has a prescribed asthma inhaler
- has a prescribed Epi-Pen

PARENT/GUARDIAN REQUEST

I request that my child, _____, be assisted my designated school Personnel in taking medication as prescribed by Dr. _____.

Parent/Guardian Signature _____ Date: _____

Medication must be in original container appropriately labeled by the pharmacy. Parents/Guardians may request that the pharmacist dispense two bottles of medication: one for home and one for school.

California ED Code 49423: Notwithstanding the provisions 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 personnel if the school nurse 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 (Stats 1976 Ch. 1010.)