MEDICATION AT SCHOOL

TO BE COMPLETED BY PARENT OR GUARDIAN

California Education Code 49423 requires written permission from the parent/guardian AND the physician before a student can take medication at school.

I request that school personnel assist my son/daughter _____, DOB _____, Grade _____ at _____School, in taking the medication indicated below that I shall supply the school in its original container.

In consideration for assistance with medication, on behalf of my child, I agree to and do hereby hold the District and its employees harmless from any and all claims, demands, causes of action, liability, or loss of any sort because of or arising out of the acts or omissions of the District or its employees with respect of his/her medicine.

Date _____ Signature_____

Daytime Phone # _____ Relationship to Student _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____

Reason for Medication _____

Form of Medication/Treatment ___Tablet/capsule ___Liquid ___Inhaler

___Injection ___Nebulizer ___Other_____

Instructions (Schedule and Dose to be given at school)_____

_____

Start: Date form received Other Date:_____

Stop: End of School Year Other Date/Duration:_____

_____For Episodic/Emergency events only

Restrictions and/or important side effects: ___None Anticipated ___Yes, please describe:_____

_____

Special Storage Requirements: ___None ___Refrigerate ___Other:_____

This student is both capable and responsible for self-administering this medication: ___No
___Yes-Supervised
___Yes-Unsupervised

This student may carry this medication: ___No
___Yes

Date_____Signature of Physician_____

Address_____Telephone #_____

RETURN THIS FORM TO ALVIEW-DAIRYLAND UNION SCHOOL DISTRICT, 12861 AVENUE 18 ½, CHOWCHILLA, CA 93610
FAX: 559 665-7347