HEALTH SERVICES

Physician's Recommendation for Medication

This form is to be completed and signed by a licensed physician, then signed by the parent or guardian and returned to the school nurse. Medication must be in its labeled pharmacy container with no more than one week's supply of medication.

PUPIL'S NAME _____ BIRTHDATE _____

School _____ Teacher _____ Grade _____

The law allows any person to assist in carrying out a physician's recommendations. The school recognizes the desirability of following a physician's recommendation as nearly as possible at school, just as does a parent at home. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form and, in so signing, they agree to hold the district, its officers, employees, or agents, harmless from all liability, suits, claims, of whatever nature or kind, which might arise out of these arrangements.

MEDICATION	Tablet/Capsule/Liquid, etc.	Amount Taken	Approximate Time

Precautions/Side Effects _____

Important: Please discontinue this request as of the following date: _____

After this date, changes or continuance of these arrangements must be secured by filling out a newly-dated copy of this form. In the case of long-term medications, this authorization must be renewed at the beginning of each school year.

_____

Physician's Signature License No. Address Phone Date

_____

Parent/Guardian Signature Address Phone Date

The California Education Code (Section 49423) states:

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 method, amount, and time schedules by which such medication is to be taken, and (2) A written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil.