



MEDICATION TAKEN BY STUDENT AT SCHOOL
Physician and Parent Authorization

Middle/High School

Date: _____ **School:** _____

Student: _____ **Date of Birth:** _____ Male Female
(last name) (first name)

Address: _____
(Number, Street, City & Zip Code)

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

TO BE COMPLETED BY PHYSICIAN

Health Condition/Diagnosis:			
Medication:			
DAILY DOSAGE			
Daily Dosage:	School Dosage:	Athletic Dosage:	Field Trips Dosage:
Method:	Method:	Method:	Method:
Indications for PRN Medications:			
Significant side effects:			
When to discontinue:			

MEDICATION GUIDELINES FOR SCHOOL FIELD TRIPS AND ATHLETICS	
Is student to carry on self ➤ <i>If yes, "Authorization to Carry Medication on Self" must be filled out by <u>BOTH</u> M.D. and Parent!</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Office/School Personnel to be responsible to dispense medication to student	<input type="checkbox"/> Yes <input type="checkbox"/> No

Printed Name of Physician

Medical License Number

Telephone

Physician's Signature

Date

Parent/Guardian Authorization on back

**OCEANSIDE UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR MEDICATION ADMINISTRATION**
(Education Code Section 49423)

Any pupil who is required to take, during their regular school day, medication prescribed by an authorized health care provider who is licensed by the State of California to prescribe medication (CCR, Title 5, Section 601 [a]), 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.
See the reverse side of this form.
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. *See authorization statement below.*

This authorization is valid only for the current school year. If any of the conditions of the Physician's Statement change, a new form must be signed by the parent/guardian and the physician.

Only medication prescribed by the pupil's physician as being necessary to be taken by the pupil in the manner listed on the Physician's Statement should be brought to school. Medication should be in containers which are clearly marked with the name of the pupil, the name of the medication, and the amount of the medication.

This portion to be completed by the parent/guardian.

I request that a school nurse or other district designee administer the medication as directed by the physician on the reverse side of this form to my child

Pupil's Name

I recognize the fact that this is a service or accommodation which the school is not legally required to perform. I agree to save and hold the district, its officers, employees or agents, harmless from all liability, suits or claims of whatever nature or kind, which might arise as a result of administering the medication in accord with this request.

Signature of Parent/Guardian

Date

Work Telephone Number/Home Telephone Number

**OCEANSIDE UNIFIED SCHOOL DISTRICT
AUTORIZACIÓN PARA ADMINISTRAR MEDICAMENTOS**
(Sección 49423 del Código de Educación)

Todo alumno que necesite tomar, durante el horario escolar regular, un medicamento recetado por un profesional o entidad que brinda atención médica con autorización del estado de California para prescribirlo, (CCR, Título 5, Artículo 601 [a]), podrá ser asistido por la enfermera escolar u otro personal escolar designado; si el distrito escolar recibe:

1. Una declaración escrita de dicho medico detallando el método, cantidad y horario a seguir para administrar dicho medicamento.
Refiérase a la parte de atrás de este formulario.
2. Una declaración escrita de parte de los padres o tutores del alumno, indicando que desean que el distrito escolar asista al alumno (a) a llevar a cabo lo indicado en la declaración médica. *Refiérase a la declaración de autorización a continuación.*

Esta autorización únicamente es válida durante el present año escolar. Si algunas de las condiciones contenidas en la Declaración Médica cambian, un formulario nuevo debe ser firmado por los padres/tutores y el medico.

Únicamente los medicamentos que el medico le prescribió al alumno que se necesitan administrar al alumno de la manera enumerada en la Declaración Médica deben traerse a la escuela. El medicamento debe estar dentro de un envase que esté identificado con el nombre del alumno, nombre del doctor que prescribe el medicamento, y la cantidad del medicamento.

Esta parte debe ser llenada por los padres/tutores.

Yo solicito que una enfermera escolar u otro representante del distrito, le administre a mi hijo(a) el medicamento según las instrucciones del medico, Contenidas en la parte de atrás de esta hoja:

Nombre del alumno

Yo reconozco el hecho de que este es un servicio o favor que la escuela no tiene que realizar legalmente. Yo estoy de acuerdo con mantener al distrito, sus oficiales, empleados o agentes, libres de cualquier responsabilidad, demandas o quejas de cualquier naturaleza o especie, que puedan suscitarse como resultado de la administración del medicamento conforme a esta solicitud.

Firma de los padres/tutores

Date

Número de teléfono del trabajo/Número de Teléfono de la casa