H.F. 5 Rev. 10-09

II.

{SR057180.DOC}

Physician Instructions

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

Community, Health and Education Support Services Division Health Services Office

AUTHORIZATION FOR ADMINSTRATION OF MEDICATION BY SCHOOL PERSONNEL

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

I. <u>Basic Legal Provision</u> - 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 <u>only</u> when the medication is in the original container.

Studen	nt		Age	Bi	rth date	
School	1				Grade	
			ole, please prescribe medication ours, please complete the inform			he school day. If
	MEDICATION(S)	DOSAGE	ROUTE OF ADMINSTRA	TION	APPROXIMA DA	_
-						
Length	n of time to be taken					
Precau	a. For emergency medication, is the student capable of self-administering the necessary treatment/medication?					
	☐ Yesb. Will the studen	☐ No t need to carry this	s medication on his/her person?	□ Yes	□ No	
	c. Will the studen	t need to self-adm	inister this medication?	□ Yes	□ No	
		•	medication			
			Address _			
Print/T	Type Physician's Name		Phone	Date		

Please check one of these boxes. I/We the undersigned, who am/are the parent(s) of _____ request that medicine be administered to said child by a designated member of the school staff, in accordance with the instructions outlined here and signed by our physician. The medication is to be given at ______ (time) with the following special instructions: As indicated here in our physician's statement, our child, will self-administer his/her own medication when required and we are not requesting school personnel to assist in the administration of our child's medication. Our child will need to self-administer his/her medication at school because he/she suffers from _____ (state nature of illness). Our child will need to take his/her medication _____ (number of times per day) with the following special instructions: _____ 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 child to suffer an adverse reaction as a result of his/her self-administering medication. We understand that the major responsibility for a child taking medication rests with the child and his/her parents, and that we are required to personally bring the medication to school for students kindergarten through 8th grade. We understand that students in grades 9 through 12 may bring their own medication to the school office. Parent/Guardian Signature Home Phone Work Phone Date Address

Emergency contact: _____ Phone: ____

III.

Parent Request