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 School District
- * Plumas School District

PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Student		Birthdate	
School		Phone	
THE ABOVE NAMED STUDENT IS TO BE GIVEN MEDICATION AS PRESCRIBED BY ME:			
Medication		Dosage	
Administration form/route			
Time(s)	Discontir	nue Date	
Precautions, anticipated reactions			
Disposition of student after medication:	Class H	lome	Other
Physician's Signature		Date _	
Address	Phone	Fax	K
Prescribed asthma inhaler may be kep indicates this need in writing and con-			

PARENT REQUEST

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

Parent / Guardian Signature _____ Date _____

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

<u>California Ed Code 49423</u>: 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 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 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.)

<u>NOTE</u>: Please file this completed form in the student's cumulative / health folder.

This form must be renewed whenever the prescription changes and at the beginning of each school year.