



Wheatland  
SCHOOL DISTRICT

School Site: \_\_\_\_\_

School Year: \_\_\_\_\_

**PHYSICIAN/PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Phone \_\_\_\_\_

THE ABOVE STUDENT IS TO BE GIVEN MEDICATION AS PRESCRIBED BELOW:

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Administration form/route \_\_\_\_\_

Time(s) \_\_\_\_\_

Discontinue Date \_\_\_\_\_

Precautions, anticipated reactions \_\_\_\_\_

Disposition of student after medication:     Class     Home     Other: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If checked, this student may carry the following on his/her person and has sufficient knowledge and skill to self-administer appropriately.

- has a prescribed asthma inhaler
- has a prescribed Epi-Pen

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**PARENT/GUARDIAN REQUEST**

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

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Medication must be in original container appropriately labeled by the pharmacy. Parents/Guardians may request that the pharmacist dispense two bottles of medication: one for home and one for school.**

California ED Code 49423: 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 personnel if the school nurse 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.)

**\*Medication forms will need to be renewed at the beginning of the school year.**