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	O BE GIVEN ME	DICATION AS	PRESCRIBED BY ME:
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
Prescribed asthma inhaler may be kep indicates this need in writing and cons			
ı	PARENT REQUE	ST	
I request that my child,	be assisted by designated school		
personnel in taking medication as prescri	bed by Dr		
Parent / Guardian Signature			Date
Medication must be in the original container the pharmacist dispense two bottles of medications.			
California Ed Code 49423: Notwithstanding the the regular school day, medication prescribed to designated school personnel if the school distribution, amount, and time schedules by which so or guardian of the pupil indicating the desire to physician's statement. (Stats 1976 Ch. 1010.)	for him by a physicial rict receives (1) a would be to	an, may be assist ritten statement for the taken and (2) a	ted by the school nurse or other rom such physician detailing the written statement from the paren

<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.