

Student Medication

Section 49423 of the Education Code states:

Any pupil who is required to take, during the school day, medication prescribed for him/her by a physician, may be assisted by the school secretary 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.
- 2) A written statement from the parent or guardian of the pupil in the matters set forth in the physician's statement.

Student _____ I.D. _____ School _____
 Address _____ Phone _____

The above named pupil is to receive medication in the following method, amount and schedule.

Name of Medication: _____

Method: _____ Amount: _____

Schedule/Time(s) to be Administered: _____

Comments: _____

Physician's Signature*

Date

Address

Phone

* or attached Physician's authorization

I request designated school personnel to assist my child with medication as prescribed above, in method, amount, and schedule. **(Medication should be given at home when possible)**

Parent's Signature

Date

Address (if different from student)

Phone

Spanish

Yo pido que la persona encargada en la escuela ayude a mi hijo/a con la medicina que se le recetó en los métodos, cantidades y horarios mencionados arriba. **(La medicina, si es posible se le debe dar en en casa.)**

Firma del Padre

Fecha

Domicilio (si es diferente al del estudiante)

Teléfono