



# MEDICATION ADMINISTRATION AT SCHOOL

## Walnut Creek School District

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

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

California Education Code, Section 49423 states: 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 be physician's statement. In order to comply with the Education Code, you and your child's physician must complete this form. No medication (prescription or over the counter) will be administered at school until this form is completed and returned to the school site.

### To be completed by the PHYSICIAN / AUTHORIZED HEALTH CARE PROVIDER

MEDICATION	ROUTE	DOSE	TIME/FREQUENCY	INDICATION

This order expires on: \_\_\_\_\_, or will automatically terminate at the end of the school year.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (please print): \_\_\_\_\_

Office Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### To be completed by PARENT/GUARDIAN

I understand it is my responsibility to bring the medication in the original pharmacy container labeled with student name, medication, dosage, and directions (Ed code 49423). I authorize school personnel to assist with this medication for my child as ordered by the physician. I understand that trained, non-medical personnel may assist with or administer medication (Ed Code 49423 and 49480). I understand that this form must be renewed annually, and when there is any change in treatment or medication during the school year.

I consent to communication and exchange of information between WCSD staff and my child's Health Care Provider on matters related to this medication and form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_