

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

ADMINISTRATION OF MEDICATION
DURING SCHOOL HOURS

“Administration of Prescribed Medication for Pupil,” California Education Code

“49423 Notwithstanding the provisions of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him/her 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, c. 1010 § 2.)

I. To be completed by Parent/Guardian

Name of Pupil: _____ Date: _____

School of Attendance: _____ Grade: _____ D.O.B. _____

I hereby request that authorized school personnel assist this pupil in taking the medication indicated in the matter and dosage prescribed by:

Name of Physician _____

Parent or Guardian’s Signature _____ Date _____

Name of Parent or Guardian _____

Address _____ Telephone: Home: _____

Work: _____

II. To be completed by Physician/Health Care Provider

Medication Prescribed: _____ Diagnosis: _____

Dosage: _____ Time: _____ Route: _____

Date medication to be discontinued: _____

Restrictions and Cautions _____

This information is to be used only by the person authorized by the school principal to assist the pupil in taking the prescribed medication.

Physician Signature _____ License # _____ Date _____

Physician’s Name _____

Address _____ Telephone _____

III. To be completed by School Principal

Name of Person(s) designated by the school principal to assist the pupil in taking the medication:

Principal’s Signature _____ Date _____

THIS FORM MUST BE RENEWED ANNUALLY OR WHENEVER THE PRESCRIPTION CHANGES.