Pajaro Valley Unified School District SELPA/Special Services Department
294 Green Valley Road Watsonville, Ca 95076 831-786-2130 FAX: 831-728-8107
EA Hall Middle School Health Office 201 Brewington Avenue Watsonville, Ca 95076 831-508-0152

MEDICATION FORM

_____ _____ _____ _____ Birth Date:_____
Pupil's Last Name First Middle Age Month/Day/Year

_____ _____ _____ _____
Name of School Name of Principal Name of Teacher Room No./Grade

The California Education Code relating to the giving of medications at school states:

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 school personnel if the school district receives (1.) 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 matter set forth in the physician's statement.

The Pajaro Valley Unified School District has implemented this policy. The information requested on this form is necessary to comply with the law and to ensure adequate protection for pupils.

TO BE COMPLETED BY A LICENSED PHYSICIAN

A. **Nature of the condition/diagnosis** requiring medication during the regular school day:

_____

B. NAME OF MEDICATION / METHOD OF ADMINISTRATION / DOSAGE / APPROX. TIME OF DAY

1. _____ _____ _____ _____
2. _____ _____ _____ _____

C. Discontinue Medication No. 1 on_____ discontinue Medication No. 2 on _____
Date Date

D. Upon receipt of medication orders, the school nurse and physician shall consult as needed.

Please Note: Only a licensed school nurse may administer nonemergency medication injections at school under the following conditions:

- A current physician's recommendation must be on file.
- The medication and equipment for administration must be furnished by the parent or physician.
- Parents may file a written alternate procedure to be followed in the event of an ***emergency*** in the absence of the nurse.

E. Do you wish to talk briefly, by telephone, with the nurse or other school person at intervals to discuss the effect of the medication? If so, indicate the approximate interval:

_____

F. The child has been educated and is capable of carrying and using this medication responsibly: • yes • no

_____ _____ _____ _____
Physician's Signature License No. Telephone Month/Day/Year

_____
Print Name (Physician)

I agree with the above:

_____ _____ _____
Parent / Guardian's Signature Telephone Month/Day/Year

The following must be completed by the parent or guardian.

TO BE COMPLETED BY PARENT OR GUARDIAN

1. After the date for discontinuance of medication specified by the physician, changes to or continuance of these arrangements must be secured by filling out a newly dated copy of this form. All medication requests must be renewed each school year if continuation of the medication is necessary.

2. Alternate procedures for emergencies in the absence of the nurse is as follows:

   _____

3. I request that my child be allowed to carry on campus and self-administer this prescribed medication: •yes •no

4. I request that the school nurse or other person designated by the principal, administer the medication as directed by the physician on the front of this sheet. I understand that the school nurse has my permission to communicate with the prescribing physician on matters related to this medication. I agree to save and hold the district, its officers, employees or agents, harmless from all liability, suits, or claims, of whatever nature or kind, which might arise as a result of administering the medication in accordance with this request.

_____ _____

Parent or Guardian's Signature Month Day Year

PARA SER COMPLETADO POR EL PADRE, MADRE O TUTOR

1. Después de la fecha especificada por él médico para descontinuar el medicamento, se deberán indicar los cambios o la continuación del procedimiento presentando una nueva copia fechada de este formulario. Todas las solicitudes de administración de medicamentos deberán renovarse cada año escolar si es necesario continuarlos.

2. El procedimiento alternativo para emergencias cuando la enfermera se encuentre ausente es como sigue:

   _____

3. Yo solicito que mi hijo/a le sea permitido cargar y administrar su medicina recetada en la escuela: •sí •no

4. Yo solicito que la enfermera de la escuela u otra persona designada por el director / directora, administre el medicamento según lo indica él médico en el frente de esta hoja. Entiendo que la enfermera/o de la escuela tiene mi autorización para comunicarse con él médico que receto el medicamento respecto a asuntos relacionados con este medicamento. Acepto mantener al distrito, a sus funcionarios, empleados o agentes, libres de culpa y de toda responsabilidad, demandas o reclamaciones, cualquiera que sea su naturaleza, que pudieran surgir como resultado de administrar el medicamento de acuerdo con esta solicitud.

_____ _____

Firma del Padre/Madre o Tutor Mes Día Año