

Sonoma County
School Nurse Services
Forestville Union School District 707-887-2279 / 707-887-2185

Authorization for Assisting Self-Administration of Medication

The California Education Code provides for any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician when the school district receives the following:

1. A written statement from the physician detailing the method, amount, and time schedule that the medication is to be taken.
2. a written statement from the parent of guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.
3. Medication must be in an appropriately labeled prescription container or the original over-the-counter container.
4. This release is valid only for the current school year.
5. Please keep the school adequately supplied with the student's medication.
6. Any medication remaining at the end of the school year must be picked up by the parent or it will be discarded.

Student's Name _____ Date _____

Grade _____ Teacher _____ Date of Birth _____

The following medication has been prescribed for the student named above

Medication #1 _____ Medication #2 _____

Dosage _____ Dosage _____

Time _____ Time _____

Location of Medication _____ Location of Medication _____

Side Effects _____ Side Effects _____

Please indicate if the above named child is allowed to carry and has been trained to use an emergency Inhaler Yes _____ No _____

Please indicate if the above named child is allowed to carry and has been trained to use an Epi Pen Yes _____ No _____

Physician Name _____ Date _____

Physician Signature _____

I will supply the medication in an original, labeled container

- I hereby give permission for trained school personnel to assist the child in taking medication as noted above.
- I hereby give permission for the above named physician to exchange medical information about my child with the credentialed school nurse
- I hereby release the Forestville Union School District and School Personnel from civil liability if my student suffers an adverse reaction as a result of self-administering the medication listed above. (Education Code 49423, 49423.1)

Parent / Guardian Name _____ Date _____

Parent / Guardian Signature _____