



Sacred Heart School

1225 Cooper Ave Turlock, CA 95380 (209) 634-7787 Fax: (209) 634-0156

ADMINISTRATION OF MEDICATION REQUEST

(Request must be renewed at the beginning of each new school year)

STUDENT: _____

BIRTHDATE: _____

The administration of medication to pupils shall be done only in exceptional circumstances wherein the child's health may be jeopardized without it and only when administration has been requested and approved by the student's parents and physician. (Students observed by school personnel administering unauthorized medications to themselves will be reported to their parents.)

C.E.C. 11753.1 Notwithstanding the provisions of Section 11753, 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 received:

1. A written statement from such physician detailing the method, amount, and the time schedules by which such medication is to be taken.
2. A written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in the matters set forth in the physician's statement.

PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

STUDENT: _____

BIRTHDATE: _____

ADDRESS: _____

PHONE #: _____

Physical condition for which drug is given: _____

Name of medication: _____

Dosage and method of administration: _____

Possible reaction that needs to be reported to physician: _____

Date of request: _____ Physician's Signature: _____ Phone #: _____

Medication to be continued until: _____
(Date)

PARENT RELEASE FOR ADMINISTRATION OF MEDICINE

It is understood that the school is not legally obligated to administer medication to my child; therefore, I agree to hold the school and its employees free from any or all suits which might arise out of these arrangements.

We, the undersigned, who are the parents of _____ request that medicine be administered to our child in accordance with the above request by a member of the school staff. I will notify the school if the medication is changed or stopped. The medication to be taken at school will be furnished by me and in its pharmacy-labeled bottle.

Date: _____ Parent's Signature: _____