

HEALTH SERVICES DEPARTMENT
PHYSICIAN'S RECOMMENDATIONS FOR MEDICATION

Pupil's Last Name	First	Middle	Age	Birth Date <small>Month Day Year</small>
<u>St. Martin of Tours Academy</u>	<u>Toni Dimuzio</u>			
Name of School	Name of Principal	Name of Teacher	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) 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.

The San Diego Unified School District has implemented this policy. The information requested on this form is necessary to comply with the law and to insure adequate protection to pupils.

TO BE COMPLETED BY A LICENSED PHYSICIAN

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

B. Name of Medication	Method of administration	Dosage	Approximate time of day
#1. _____	_____	_____	_____
#2 _____	_____	_____	_____

C. Discontinue Medication No.1 on _____; discontinue Medication No.2 on _____.

Date
Date

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

- A. A valid emergency must exist.
- B. The medication and equipment for administration must be furnished by the parent or physician.

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

PHYSICIAN'S SIGNATURE	LICENSE NO.	TELEPHONE:	DATE:
_____	_____	_____	_____
			<small>Month Day Year</small>

See reverse side for portion to be completed by parents or guardians.

TO BE COMPLETED BY PARENT OR GUARDIAN

1. Please have an adult deliver the medication and completed form to the school.
2. 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.
3. Alternate procedure for emergencies in the absence of the nurse is as follows:

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 agree to save and hold the district, its officers employee 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 accord with this request.

Parent's or Guardian's Signature

Month Day Year