RCSD ROSEVILLE CITY SCHOOL DISTRICT
Est. 1869

# Parent/Physician Release for Medication in School

*Please note: This must be completed each school year*

| Student Information | | | | |
|---|---|---|---|---|
| | | | | |
| **First Name** | **Last Name** | **Date of Birth** | **Teacher's Name** | **Grade Level** |

| Physician's Request: | | | |
|---|---|---|---|
| **Medication #1** | | | |
| Medication Name: | | Dose: | |
| Frequency/time to be given at school: | | Side Effects: | |
| Reason for Medication/Diagnosis: | | | |
| **Medication #2** | | | |
| Medication Name: | | Dose: | |
| Frequency/time to be given at school: | | Side Effects: | |
| Reason for Medication/Diagnosis: | | | |

| Inhaler Self-Carry and Administer: | |
|---|---|
| If medication is an inhaler, has the student been instructed on the correct use and may they carry and self-administer metered dose inhalers? | |
| ☐ Yes ☐ No | Physician's Signature: |

| MD/DO/PA SIGNATURE: | | | | |
|---|---|---|---|---|
| My signature below provides the authorization for the above written orders. I understand that assistance with medications will be implemented in accordance with California state laws and regulations. I understand that specialized physical health care services and medication assistance may be performed by unlicensed, designated school personnel after training by the school nurse. If changes are indicated, I will provide new written authorization (may be faxed). Medication is authorized for one year from date below unless otherwise indicated. | | | | |
| **Physician/DO/PA Name:** | | | **Stamp:** (or address and phone) | |
| **Physician/DO/PA Signature:** | | **Date:** | | |

## Policy Governing the Administration of Medicine By School Personnel:

When it is necessary for students to take prescriptions or over the counter medication during school hours the following procedure shall be followed:

- Medication cannot be administered by school personnel unless there are completed parent and physician request forms on file in the school office.
- The medication must be sent to the school in the prescription bottle or original container.
- Epinephrine delivery systems and Inhalers for Asthma management can be self-carried by a student with written consent of the parent and physician.

*In agreeing to have the school administer my child's medication, I voluntarily agree to release, discharge, and hold harmless Roseville City School District and its officers, agents and employees for any and all claims of liability arising out of their negligence, recklessness or any other act of omission which cause my child's illness, injury, death, and damages of any nature in any way connected with the administration of medication. As the parent of the above student, in the event there is no school nurse or other licensed person to administer medication, I give consent for a trained unlicensed assistive person/trained health care aide to administer the prescribed medication to the above student. I understand that I may terminate the consent for the administration of the medication or for otherwise assisting the student in the administration of medication at any time.* ***I authorize the District to communicate with the physician below regarding my child's medical condition and/or medication prescribed for it.***

| **Parent/Guardian Information:** | | | | |
|---|---|---|---|---|
| | | | | |
| | **Parent/Guardian Signature** | | **Date** | **Phone Number** |
| | | | **PLEASE RETURN TO:** *Educational Support Services 1000 Darling Way, Roseville CA 95678 Fax Number: (916) 771-1640* | |
| | **First Name** | **Last Name** | | |

| | | | |
|---|---|---|---|
| **Nurse Signature:** | | **Principal's Signature:** | |

**BASIC LEGAL PROVISION:** California Education Code 49423 (1976)
Notwithstanding the provision of Section 49423, 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 methods, 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 matters set forth in the physician's statement.