

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Health Services Office

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

PLEASE NOTE: this form must be completed each school year or more frequently, if necessary.

I. Basic Legal Provision - California Education Code, Section 49423

Notwithstanding the provision 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

III. Parent Request

Please check one of these boxes.

I/We the undersigned, who am/are the parent(s) of _____
request that medicine be administered to said child by a designated member of the
school staff, in accordance with the instructions outlined here and signed by our
physician. The medication is to be given at _____ (time) with
the following special instructions: _____

As indicated here in our physician's statement, our child, _____,
will self-administer his/her own medication when required and we are not requesting
school personnel to assist in the administration of our child's medication. Our child
will need to self-administer his/her medication at school because he/she suffers from
_____ (state nature of illness). Our child will need to take
his/her medication _____ (number of times per day) with the
following special instructions: _____

I/We hereby release, discharge and hold harmless Sacramento City Unified School
District and its officers, agents and employees for any and all claims of civil
liability arising out of an act or omission that causes our child to suffer an adverse
reaction as a result of his/her self-administering medication.

We understand that the major responsibility for a child taking medication rests with the child
and his/her parents, and that we are required to personally bring the medication to school for
students kindergarten through 8th grade. We understand that students in grades 9 through 12
may bring their own medication to the school office.

Parent/Guardian Signature

Date

Home Phone

Work Phone

Address

Emergency contact: _____ Phone: _____