



Cupertino Union School District
10301 Vista Drive
Cupertino, CA 95014

Medication Authorization

California Education Code 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. The service is provided to enable the student to remain in school in order to maintain or improve the potential for education and learning.

The medication prescription must be current and medication must be supplied in the original prescription bottle with the pharmacy label attached., Ask your pharmacist to divide the medication into two bottles completely labeled: one for home and one for school. The medication must be prescribed to the student whom it will be administered. No medications, including over-the-counter medications, will be given without a prescription. Medication orders must be renewed yearly by the attending physician. Also, a yearly release form signed by the parents at the beginning of each year is required.

To Be Completed By Health Care Provider

Student Name _____

Diagnosis _____

Medication prescribed _____

Dosage _____ Time _____ Route _____

Estimated termination date _____

Possible side effects _____

This child's health requires that the above medication be given during school hours. The medication may be administered by medically untrained school personnel, under the supervision of the school nurse. The school nurse may not be present during administration of the medication.

Date _____ Physician _____

Address _____

Telephone number _____

Physician's signature _____

I hereby give permission for school personnel to administer medication to my child during the school day as prescribed by my child's physician.

Date _____ Parent Signature _____

Parent Release for the Administration of Medication at School

The law allows any person to assist in carrying out a physician's recommendation, such as administering necessary medication to students during the school day. The fact that this is a service of accommodation which the school is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the school or its personnel free from any or all suits which might arise out of these arrangements.

It is understood that the school is not legally obligated to administer medication to my child. Therefore, I agree to hold the school district and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered, and to identify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

We, the undersigned, who are the parents of _____

request that medicine be administered to our child by a member of the school staff (if the school nurse is not readily available) in accordance with the instructions of our physician

_____. I will notify the school

immediately if we change physicians or if the medication is changed.

Mother/Guardian Signature

Date

Father/Guardian signature

Date

Home phone

Business phone

Home address

City

State

Zip