



AUTHORIZATION FOR MEDICATION ADMINISTRATION

(Education Code Section 49423)

Any pupil who is required to take, during the regular day, medication prescribed for him/her by a physician, may be assisted by a school nurse or other designated school district personnel if the district receives:

1. A written statement from a physician licensed in the State of California detailing the method, amount and time scheduled by which such medication is to be taken. *Available in the school health office.*
2. Written authorization from the parent / guardian of the pupil indicating the desire that school district personnel assist the pupil in the matters set forth in the Physician's Statement. *See authorization statement below.*

This authorization is valid only for the current school year. If any of the conditions in the Physician's Statement change, a new form must be signed by the parent / guardian and the physician.

Only medication prescribed by the pupil's physician as being necessary to be taken by the pupil in the manner listed on the Physician's Statement should be brought to the school. Medication should be in containers which are clearly marked with the name of the pupil, the name of the prescribing physician, name of the medication and the amount of medication to be administered.

This medical agreement is in compliance with the Rehabilitation Act of 1973 commonly referred to as Section 504. The purpose of the Act is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to nondisabled students. An eligible student under Section 504 is a student who has or has a record of having, or is regarded as having a physical or mental impairment which substantially limits a major life activity such as learning, self-care, walking, seeing, hearing, speaking, breathing, working and performing manual tasks.

In order to fulfill its obligation under Section 504, the Fallbrook Union Elementary School District recognizes a responsibility to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability will knowingly be permitted in any of the programs and practices in the school system

The school district has specific responsibilities under the Act which include the responsibility to identify, evaluate, and if the child is determined to be eligible under Section 504, to afford access to existing education services.

If the parent or guardian wishes to receive further information regarding Section 504, please contact the site administrator.

A PHYSICIAN STATEMENT MUST BE COMPLETED PRIOR TO THE DISTRICT'S ADMINISTRATION OF MEDICATION. THIS FORM IS AVAILABLE IN THE SCHOOL HEALTH OFFICE.

This portion to be completed by parent / guardian

I request that a school nurse or other district designee administer the medication, as directed by the physician, for my child

Student's Name

I recognize the fact that this is a service or accommodation which the school is not legally required to perform. I agree to wave and hold the district, its officers, employees 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 accordance with this request.

Parent / Guardian Signature

Date

Home / Cell Phone Number

Work Phone Number