

**POMONA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES AND PROGRAMS
MEDICATION REQUIRED DURING A DISASTER/EARTHQUAKE**

California Education Code Section 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during a disaster. This service is provided to enable the student to maintain optimum health during a crisis. Unless otherwise stated this order expires on the last instructional day of the school year or extended school year; e.g. summer school.

STUDENT NAME: _____ **BIRTHDATE:** _____

SCHOOL: _____ **GRADE:** _____ **DATE:** _____

Date Patient examined: _____

Diagnosis: _____

**THIS SECTION TO
BE COMPLETED BY
PHYSICIAN**

Medication prescribed: _____

Route: _____ Dosage: _____ Times: _____

Medication administered until: _____
(Date)

**It is necessary for this medication to be taken
during the school day at the above time(s).**

Physician: _____
(Signature)

Date: _____ NPI# _____

Physician's Name: _____
(Please Print)

Address: _____

Phone Number: _____

I authorize school personnel to administer the above medication to my child as ordered by our physician. I give permission for the School Nurse to communicate directly with our physician as necessary regarding any concerns or questions related to the administration of this medication.

**THIS SECTION TO
BE COMPLETED BY
PARENT**

Parent/Guardian: _____

Date: _____

Home Address: _____

Home Phone: _____ Work: _____

**NO OVER-THE COUNTER MEDICINES WILL BE GIVEN AT SCHOOL
Unless prescribed by a physician and in the original properly labeled container.**