

Yosemite Unified School District

50200 Road 427 - Oakhurst, California 93644 - (559) 683-8801 - Fax (559) 683-4160

www.yosemiteusd.com

California Education Code 49423 requires written permission from the parent/guardian AND the physician before a student can take medication at school.

I request that school personnel assist/allow my son/daughter _____, DOB _____, Grade _____ at _____ School, in taking the medication indicated below that I shall supply the school in its container.

In consideration for assistance with medication, on behalf of my child, I agree to and do hereby hold the District and its employees harmless from any and all claims, demands, causes of action, liability or loss of any sort because of or arising out of the acts of omissions of the District or its employees with respect of his/her medicine.

Date _____ Signature _____

Daytime Phone# _____ Relationship to Student _____

To Be Completed by Physician

Name of Medication: _____

Reason for Medication: _____

Form of Medication/Treatment:

Tablet/Capsule Liquid Inhaler Injection Nebulizer Other

Instructions (Schedule and Dose to be given at school): _____

Start Date form received Other Date: _____

Stop End of School Year Other Date/Duration: _____

For Episodic/Emergency events only

Restrictions and / or important side effects: None Anticipated

Yes, Please Describe: _____

Physical Education restrictions or recommendations: _____

No PE PE as tolerated PE self limiting None anticipated

Special Storage Requirements: None Refrigerate

Other: _____

This Student is both capable and responsible for self-administering this medication

No Yes – Supervised Yes – Unsupervised

This Student may carry this medication: Yes No

Date: _____ Physician's Signature: _____

Address / Phone Number: _____