

**PARADISE UNIFIED SCHOOL DISTRICT
HEALTH SERVICES**

PHYSICIAN'S RECOMMENDATION FOR MEDICATION

(This form is to be completed and signed by a licensed physician, then signed by the parent or guardian and returned to the school nurse.)

Pupil's name: _____ Birth Date: _____

School: _____ Teacher: _____ Grade: _____

The law allows any person to assist in carrying out a physician's recommendations. The school recognizes the desirability of following a physician's recommendations as nearly as possible at school, just as does a parent at home. The fact that this is a service or 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 district, its officers, employees or agents, harmless from all liability, suits, claims of whatever nature or kind which might arise out of these agreements.

Medication	Tablet, Capsule, Liquid, etc.	Amount taken	Approximate Time

Precautions/Side Effects: _____

IMPORTANT:

Please discontinue this request as of the following date: _____

After this date, changes or continuance of these arrangements must be secured by filling out a newly dated copy of this form. In the case of long-term medications, this authorization must be renewed at the beginning of each school year.

Physician's Signature	State License No.	Address	Telephone	Date
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Parent or Guardian's Full Name	Address	Telephone	Date
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The California Education Code (Section 49423) states:

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 school personnel IF the school district received (1) a written statement from such physician detailing the method, amount and time schedules by which such medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil.