

**CURTIS CREEK SCHOOL**  
**18755 STANDARD ROAD**  
**SONORA, CA 95370**  
**209-532-1428 (PHONE) 209-588-9593 (FAX)**

**MEDICATION AUTHORIZATION FORM**

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

California Education Code section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed by a physician, may be assisted by designated school personnel if the school district receives (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 in the matters set forth in the physician's statement. This service is provided to enable the student to remain in school or maintain or improve the potential for education or learning. Medication must be in the container in which it was purchased with a pharmacy label attached. No medication (including over-the-counter medication and supplements) will be given at school without a current prescription from a California licensed physician.

**PHYSICIAN'S ORDER (To be completed by health care provider) Only one medication per form**

Name of medication/strength of tablet, capsule or liquid \_\_\_\_\_

This medication is a controlled substance  Yes  No

Dosage: \_\_\_\_\_ How Often? \_\_\_\_\_

Time to be given at school: \_\_\_\_\_ Route to be given: \_\_\_\_\_

Reason for medication/Diagnosis: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Student has been instructed by physician in self-administration and may carry the inhaler with them

Student has been instructed by physician in self-administration and may carry the Epi-Pen with them

Comments \_\_\_\_\_

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

\_\_\_\_\_  
Print Name of Licensed Physician Signature of Licensed Physician

\_\_\_\_\_  
Address Phone Date License #

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**PARENT REQUEST FOR SCHOOL ASSISTANCE WITH MEDICATION**

I hereby request that Curtis Creek School staff assist with giving the above prescribed medication to my child \_\_\_\_\_

***Release of Liability and Agreement to Indemnify and Hold School District Harmless***

I hereby expressly release, hold harmless, and agree to indemnify and defend the Curtis Creek School District and its Governing Board members, officers, employees, agents, representatives, independent contractors and insurers (collectively referred to as the "District") from all claims and liability (including civil liability) for any personal injuries, death, or property damage that may be incurred by permitting the school to assist in the giving my child's medication. This release, hold harmless and indemnification agreement shall remain in effect until the written notice to terminate the agreement is received and acknowledged in writing by the school principal. I understand and agree that if I terminate this agreement, the school will no longer assist in giving medication to my child.

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student. *(Some emergency medications may be self-carried with written physician instructions and compliance with school policies.)*

I give authorized school personnel, permission to contact my child's physician regarding the above stated medications. Such consultation shall be limited to the medication and possible side effects as well as signs and symptoms of omission or overdose.

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year or whenever the prescription changes.

\_\_\_\_\_  
Parent/Guardian Signature Date Phone number