

PITTSBURG UNIFIED SCHOOL DISTRICT

Office of Student Services

Dr. ReJois Frazier-Myers, Director

2000 Railroad Ave, Suite D • Pittsburg, CA 94565

(925) 473-2347 • Fax (925) 439-1650



MEDICATION GIVEN DURING THE SCHOOL DAY

Education Code 11753: Any pupil who is required to take medication during the regular school day, prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school receives:

- 1 A written statement from such physician detailing the method.
- 2 A written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in the matters set forth in the physician's statement.

PART I (TO BE COMPLETED BY THE PARENT OR GUARDIAN)

My child will need medication during the regular school day, and I request that he/she be assisted by designated school personnel to follow the recommendation of our physician. I understand that the school accepts **no responsibility** for the administration of or failure to administer such medication at a specified time. I agree to hold the school harmless and free from any liability arising out of or the administration of or failure to administer any medication.

Pupil _____ School _____ Date _____

Signature _____ Relationship _____

PART II (TO BE COMPLETED BY THE ATTENDING PHYSICIAN)

The child named above is under my care, and it is necessary for him/her to receive the following medication during school hours on a regular/emergency basis.

Diagnosis _____

Medication _____

Method of Administration _____ Amount _____

Time Schedule _____

Remarks _____

Physician _____

Please Print _____ Signature _____

Address _____ Phone _____ Date _____

RETURN THIS FORM TO _____ SCHOOL IN THE PITTSBURG UNIFIED DISTRICT, ALONG WITH MEDICATION TO BE GIVEN.

This request terminates automatically at the end of the school year and is subject to immediate termination by the physician.

DISTRITO ESCOLAR UNIFICADO DE PITTSBURG

Oficina de Atención al Estudiante

Dr. ReJois Frazier-Myers, Directora

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MEDICACION SUMINISTRADA DURANTE EL DIA ESCOLAR

Código de Educación 11753: Cualquier estudiante que necesite tomar medicación prescrita por su médico durante el periodo regular de asistencia a la escuela, puede ser ayudado por la enfermera o enfermero de la escuela u otro miembro del personal designado, si la escuela recibe:

- 1 Una declaración por escrito del médico detallando el método
- 2 Una declaración por escrito del padre, madre o tutor(a) del estudiante indicando que desea que la escuela ayude en el menester especificado por el médico.

PARTE I (DEBE DE SER COMPLETADO POR EL PADRE O MADRE O TUTOR)

Mi hijo(a) necesitara medicación durante las horas de escuela y solicito que sea ayudado por la persona asignada por la escuela para seguir las recomendaciones del médico. Entiendo que la escuela **no acepta responsabilidades** por la administración o no administración de la medicina a una hora especifica. Estoy de acuerdo en no hacer a la escuela responsable por cualquier problema que surja con respecto a la administración o no administración de cualquier medicamento.

Estudiante _____ Escuela _____ Fecha _____

Firma _____ Relación _____

PART II (TO BE COMPLETED BY THE ATTENDING PHYSICIAN)

The child named above is under my care, and it is necessary for him/her to receive the following medication during school hours on a regular/emergency basis.

Diagnosis _____

Medication _____

Method of Administration _____ Amount _____

Time Schedule _____

Remarks _____

Physician _____

Please Print _____ Signature _____

Address _____ Phone _____ Date _____

DEVUELVA ESTE FORMULARIO A LA ESCUELA _____ EN EL DISTRITO ESCOLAR UNIFICADO DE PITTSBURG ADJUNTO AL MEDICAMENTO QUE ES NECESARIO ADMINISTRAR (Return this form to the school listed above).

Esta solicitud termina automáticamente al final del presente año escolar y está sujeta a la inmediata cancelación por parte del médico.