

# PITTSBURG UNIFIED SCHOOL DISTRICT

Office of Student Services

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## 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.**