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**SIERRA COUNTY OFFICE OF EDUCATION  
SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT**

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**MEDICATION RELEASE FORM – 2021-2022**

When specific illnesses and/or conditions in children are treated with medication prescribed by a doctor, it is sometimes necessary that this medication be given during school hours. According to California State law, school personnel may accept responsibility for giving medication to a specific student when requested to do so by the parent and physician.

Parents are urged with the help of the family physician to work out a schedule of giving medication outside school hours. However, when medication must be administered at school it is our intent to honor such requests whenever possible, and to do so in a safe and legal manner. If you request that your child be given medication at school, it is required that a Medication Release Form must accompany the medication. This form must be completed by the physician and signed by the parent or legal guardian, and must be renewed by the attending physician and parent at the beginning of each school year or upon entrance to school, or upon any change in medication orders.

Parents are responsible for the completion and return of Medication Release Forms to the school. The school will not take responsibility for giving the medication until forms are completed, signed and on file.

Your cooperation in fulfilling these simple requirements will assure that school personnel can process and implement your request in a timely and safe manner should your child need to be given medication at school.

**ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER TO BE ADMINISTERED**

**PARENT/GUARDIAN STATEMENT**

**As the parent/guardian of:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**I hereby:**

1. Understand my responsibility to enable district employees to administer or otherwise assist the student in the administration of medication, including, but not limited to, my responsibility to provide a written statement from the authorized health care provider, to ensure that the medication is delivered to the school in its original, marked container by an individual legally authorized to be in possession of the medication, and to provide all necessary supplies and equipment.
2. Desire that the school district employees administer the medication or otherwise assist my child in the matters set forth in the statement of the Health Care Provider.
3. State that these specific symptoms necessitate administration of the medication (#9 of Health Care Provider's Statement):  
\_\_\_\_\_
4. Understand that I may terminate the consent for the administration of the medication or for otherwise assisting the student in the administration of medication at any time.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**STUDENT SELF ADMINISTRATION OF MEDICATION:**

☐ **My child may self-administer the medication (stated below) per the Health Care Provider's Instructions, and I hereby:**

1. Consent to the self-administration.
2. Agree on behalf of myself, my child, and any other parent, or to hold the District and its employees harmless from, and indemnify and defend the District and its employees against, every claim, demand or liability for any injury or damage whatsoever or any civil liability, arising from the District's administration of medication to my child.
3. ☐ **My child may carry and self-administer prescription auto-injectable epinephrine**, therefore I consent to the self-administration, and consider this a release for the school nurse or other designated school personnel to consult with my child's health care provider regarding any questions that may arise with regard to the medication.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## HEALTH CARE PROVIDER STATEMENT

1. Patient (Student) Name: \_\_\_\_\_ DOB: \_\_\_\_\_
2. Condition for which the drug is to be given: \_\_\_\_\_
3. Check Box ☐ if Patient (Student) may self-administer the medication listed below. (Please indicate on prescription container label.)
4. Medication: \_\_\_\_\_
5. Time for medication: \_\_\_\_\_
6. Dosage and route of administration: \_\_\_\_\_
7. ☐ The above medication *cannot* be scheduled for other than during school hours and may be administered by medically untrained school personnel.
8. Possible side effects: \_\_\_\_\_
9. Specific symptoms that would necessitate administration of the medication:  
\_\_\_\_\_
10. Allowable frequency for administration: \_\_\_\_\_
11. Indications for referral for medical evaluation: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Address: \_\_\_\_\_

Medication to be continued as above until \_\_\_\_\_

### ***Physician's Orders Must Be Renewed Annually***

**California Education Code §49423** Notwithstanding the provisions of Section 49422, 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 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. (Stats 1976 Ch. 1010.)

**California Education Code §49423, 49423.1** If a parent/guardian has requested that his/her child be allowed to carry and self-administer prescription auto-injectable epinephrine or prescription inhaled asthma medication, the parent/guardian's written statement shall include as follows:

**California Education Code §49423(b)(2)** In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to this paragraph.