Livermore Valley Joint Unified School District

Permission to Assist with Medication During School Hours

Pursuant to Education Code Section 49423, I authorize the teacher, principal, school nurse, health clerk, or other designated school personnel to administer medication to my child according to the prescription instructions provided by the authorized health care provider.

Student: _____DOB:_____Grade/Teacher:_____School:_____

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1) Provide medication in its original prescription container.
2) Immediately inform the school of any changes in medication/health status. Note: a new form will be required for dosage/medication/administration changes.
3) Assure that child takes responsibility for taking medication as prescribed.
4) Coordinate medication administration with teacher for all off campus events.
5) Pick up all medication at the end of the year. All medication left in the health office will be discarded after the last day of school.

I also agree that the district, its officers, employees, and agents shall not be held liable for any loss, damage, injury, or liability of any kind to any person caused or arising from acts, omissions or negligence of the district, its employees, and agents related to the administration of medication to my child. I authorize the sharing of information between the health care provider and the school staff with regards to this medication and any health related issues. My signature below also permits the distribution of my students health history and school picture to those deemed necessary for his or her care during school hours.

I HAVE READ AND UNDERSTAND THIS FORM.

Parent or Guardian Signature_____ Date:_____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

The above mentioned student requires assistance during school hours with the following medication:

Name of Medication:_____

Route:_____

Dosage:_____

Instructions:_____

Health Care Provider Signature:_____ Date:_____

Office Stamp:

Please note that a new form is required each school year.