

**LINCOLN SCHOOL**  
1900 Mariposa Street  
Kingsburg, CA 93631  
(559) 897-5141 FAX (559) 897-3537

**MEDICATION AT SCHOOL**

CHILD'S NAME \_\_\_\_\_ Birthdate \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

Dear Parent:

Education code section 49423, 49423.6, and 49423.1 defines certain requirements for administration of medication, "...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 matter set forth in the physician's statement."

The medication must be clearly labeled and sent to school in the container from the pharmacy.

**A new "MEDICATION AT SCHOOL" form must be provided annually or if there is a change in the health care provider, medication, dosage, method or time medication is required to be taken.**

PARENT'S REQUEST

We the undersigned, who are parents/guardian of \_\_\_\_\_ request that the school nurse or designated school personnel assist the pupil in matter set forth by the physician's statement. In the event of an untoward or subsequent reaction it is understood that they, as school personnel, will in no way be held responsible for carrying out this request. Parent may at any time submit a written statement rescinding parent consent for administration of medication at school. We give permission to the school nurse and physician/agency to disclose and discuss information.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

PHYSICIAN'S ORDERS

Medication	Dose	Route	Time(s) To Be Given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Diagnosis or Reason for Medication \_\_\_\_\_

2. Time limit on medication (i.e. 10 days, 1 month, etc.) \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Address \_\_\_\_\_ Physician's Name (please print) \_\_\_\_\_

For additional information, please call the school.  
Kingsburg School Fax Numbers: Lincoln School (559) 897-3537 Rafer Johnson Junior High (559) 897-6867  
Ronald Reagan School (559) 897-6987 Roosevelt School (559) 897-6865 Washington School (559) 897-6863

\_\_\_\_\_  
School Nurse \_\_\_\_\_  
Date