Stockton Unified School District

HEALTH SERVICES
975 North D Street
Stockton, CA 95205
Phone: (209) 933-7060 Fax (209) 933-6520

PARENTAL CONSENT TO STUDENT MEDICATION PLAN

--Valid Only for One Year --

STUDENT PICTURE HERE

NAME OF STUDENT: ________________________________ **BIRTHDATE:** _________________

SCHOOL: ___________________________ **GRADE:** ___________ **TEACHER:** __________________

I hereby freely request, agree with, and consent to the following (CHECK ONLY ONE BOX BELOW)

☐ School Assistance in the Administration of Medication

1. A school site administrator or school nurse may communicate directly with my child's health care provider and pharmacist regarding the administration of medication to my child at school and I will sign a release to allow this
2. I will provide the necessary medication, supplies and equipment to the school site in a separate pharmaceutical-labeled container(s)
3. I will notify immediately the school site administrator or school nurse if there is a change in my child's medication, health status, or healthcare provider and provide new written consent along with updated authorization from my child's healthcare provider
4. I understand that no changes to this Plan will be made unless and until the school site administrator or school nurse receives those changes in writing from my child's health care provider
5. I understand that in order to withdraw my consent to this Plan, I must do so in a written statement to the school site administrator or school nurse

☐ Self-Administration of Medication (ONLY for auto-injectable epinephrine, inhaled asthma medication, or diabetes-related self-care)

1. I release the school district and school personnel from civil liability if my child suffers an adverse reaction as a result of self-administering medication
2. My child is capable of possessing and using the medication and related equipment and supplies by him/herself
3. My child is capable of adhering to standard precautions and appropriate handling of syringes, needles, lancets, and other medical equipment
4. My child is capable of maintaining his or her own safety and that of others in his or her use of the medication and related equipment and supplies
5. My child is capable of maintaining his or her own privacy in his or her use of the medication and related equipment and supplies
6. My child fully understands the terms of the written agreement pertaining to his or her self-administration of medication at school (see attached)
7. My child understands he or she shall not administer the medication to any other child

______________________________ ______________________________ ____________________

Parent/Guardian (Signature) **Parent/Guardian (Printed Name)** **Date**

Address: ___________________________ **Phone:** ________________________ **Other Phone :**________________

TO BE COMPLETED BY HEALTH CARE PROVIDER

Name of Medication (as prescribed) ____________________________ Dosage ______________ Method of Administration ___________
Time (s) to be administered at school _______________________________________ Duration __________________________________

Health condition for medication ____

Special instructions/precautions ____

Possible side effects ____

I AGREE with the parent/guardian's assessment that this child is competent to safely self-administer his/her medication (as set forth above) and it is my professional opinion that this child may be allowed to carry and use the medication at school by him/herself.

YES ___ **NO** ___

HealthCare Provider's Signature: ___________________________ **Printed Name**: ____________________________**Date:** _____

School Nurse: It is my professional opinion that (print name of student) ___________________________________ is competent to safely carry and use his/her medication by him/herself. **YES** ___ **NO** ___

School Nurse Signature: __________________________________ **Date:** _______________________

Ed. Code Sections 49422, 49414.5, Amendment to Sections 49423 and 43423, Section 605, Section 605, Ed. Code Section 49423.6 (b), Section 43423 and 43423.1, Ed. Code Section 48900 (h), Ed. Code Sections 49422