

LAKESIDE JOINT SCHOOL DISTRICT  
SCHOOL MEDICATION  
2011-2012

Pupil's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Medication must be brought to the school office in the container in which it was received from the pharmacy, listing the doctor, dosage, exact name, etc. Medication is to be administered at school as stated below: \*

1. Exact name of medication \_\_\_\_\_ Dosage: \_\_\_\_\_  
Time to be given: \_\_\_\_\_ Duration of prescription: \_\_\_\_\_
2. Exact name of medication \_\_\_\_\_ Dosage: \_\_\_\_\_  
Time to be given: \_\_\_\_\_ Duration of prescription: \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby give my permission to the staff of Lakeside Elementary School to administer the medication as given above.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

This pupil is being given the following medication at home:

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

In case of earthquake or an emergency, medication administered at home may be administered at school: \_\_\_\_\_ YES \_\_\_\_\_ NO

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\* ADMINISTRATION OF PRESCRIBED MEDICATION FOR PUPIL (Education Code)

E.C. 11753.1 ---- 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 received (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.  
8/01