

**BURBANK UNIFIED SCHOOL DISTRICT  
DEPARTMENT OF STUDENT SERVICES  
HEALTH SERVICES**

**REQUEST FOR ASSISTANCE WITH MEDICATION DURING REGULAR SCHOOL DAY**

**TO BE COMPLETED BY PARENT:**

Last Name of Pupil (Nombre Ultimo)	First Name (Primero)	Sex (Sexo)	Date of Birth (Fecha de Nacimiento)	School (Escuela)
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The above-named pupil is required to take medication prescribed by a physician during the regular school day. I request that designated School District personnel assist my child in taking the medication in accordance with the instructions provided below by the physician. I authorize the District to communicate with the physician below regarding my child's medical condition and/or the medication prescribed for the condition.

Date (Fecha)	( ) Telephone (Telefono)	Signature of Parent/Guardian (Firma de Padre o Guardian)
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**TO BE COMPLETED BY A LICENSED PHYSICIAN:**

Purpose of Medication	Name of Medication
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Dosage Prescribed	Time Schedule	Dose Form (tablet, liquid, etc.)
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Date of Prescription	Length of time this medication will be necessary
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Precise method of administering medication: \_\_\_\_\_

DESCRIBE PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE SIDE EFFECTS, OR OTHER COMMENTS (PLEASE INCLUDE STORAGE INSTRUCTIONS):

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

The pupil named above for whom this medication is prescribed is under my care.

Print name of physician	Signature of physician
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Address	( ) Telephone	Date
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**THIS REQUEST EXPIRES AT THE END OF THE SCHOOL YEAR IN WHICH MADE**

Please read reverse side

## IMPORTANT NOTICE TO PARENTS!

UPON THE SIGNED WRITTEN REQUEST OF A PARENT OR LEGAL GUARDIAN, DISTRICT PERSONNEL MAY ASSIST A PUPIL TO TAKE PRESCRIBED MEDICATIONS DURING THE REGULAR SCHOOL DAY ONLY UNDER ALL OF THE FOLLOWING CONDITIONS:

1. The parent or legal guardian of the child requests that during school hours District personnel assist the pupil in taking medication which is prescribed by a licensed physician. The request must be filed with the school site administrator or school nurse.
2. The prescribing physician completes a signed statement which details the method, dosage, amount, dose form and time schedules by which such medication is to be taken as well as the name of the medication, purpose of the medication, date of the prescription, date of expiration, and length of time medication will be necessary.
3. The parent or legal guardian of the pupil consents in writing to contract the prescribing physician relevant to the medical condition or medication and instructs the physician to answer any questions posed by District personnel regarding the medical condition or the medication prescribed for that condition.
4. The parent or legal guardian is solely responsible for supplying all medication with which assistance is requested:
  - a. No prescribed medications may be brought to school by pupils.
  - b. Parents or guardians shall deliver or cause to be delivered by an adult or an authorized employee of a pharmaceutical supplier, any prescribed medications to be administered under the provisions of this policy.
  - c. Each medication must be contained in a separate container which clearly identifies the number of pills, capsules, or dosage contained therein.
5. Whenever possible the parent or legal guardian should come to school to administer the medication.
6. The student may carry inhaler if conditions in #2 and #3 above are met.

### NOTICE - PLEASE READ SIGNING REQUEST

A DISTRICT SCHOOL NURSE OR HEALTH ASSISTANT IS NOT PRESENT AT THE SCHOOL SITE AT ALL TIMES OR ON ALL DAYS WHEN SCHOOL IS IN SESSION. THEREFORE, BECAUSE EMERGENCY ASSISTANCE MAY BE PROVIDED BY NON-MEDICALLY TRAINED DISTRICT PERSONNEL, PARENT MUST ASSURE THAT PHYSICIANS PROVIDE COMPLETE, PRECISE, LEGIBLE DIRECTIONS AND INSTRUCTIONS. THE DISTRICT IS NOT RESPONSIBLE FOR NOTIFYING PARENTS BEFORE OR AFTER PRESCRIBED MEDICATION IS DEPLETED OR THE EXPIRATION DATE OCCURS. THIS REQUEST FOR DISTRICT ASSISTANCE WILL EXPIRE AT THE END OF THE SCHOOL YEAR IN WHICH IT IS MADE.

### NOTICIA IMPORTANTE PARA PADRE O GUARDIAN

Al firmar la peticion en escrito por el padre o guardian, el personal escolar puede asistir al estudiante papa recibir medicina recetada durante horas regulares de escuela unicamente bajo las sigientes condiciones:

1. El padre o guardian del estudiante requiere que durante las horas regulares de escuela el personal escolar asista al estudiante a recibir medicacion que es recetada por un medico licenciado. La peticion debe ser archivada con el administrator de la escuela o con la enfermera de la escuela.
2. El Medico licenciado debe completar la peticion firmada que detalle claramente la sigiente informacion; el metodo de administrar la medicacion, dosis, horario, nombre de la medicina, proposito por lo cual el estudiante recide la medicacion, fecha de la receta, fecha de expiracion y duracion que la medicina sera necesaria.
3. El padre o guardian del estudiante consiente en escrito para ponerse en contacto con el medico recetando la medicacion relevante a la medicacion y le pide al medico que conteste cualquier pregunta que el personal escolar tenga acerca de la condicion medica o de la medicacion recetada.
4. El padre o guardian es solamente responsable en proveer todas las medicaciones en cual asistencia es requerida:
  - a. Ninguna medicina puede se llevada a la escuela por los estudiantes
  - b. Padre o guardian debe entregar o hacer entregar por un adulto o un empleado autorizado de una farmacia, cualquier medicacion debe ser administrada dentro de las condiciones de este reglamento.
  - c. Cada receta medica debe estar en pcoms separados que identifique claramente el numero de pastillas o capsulas, o dosis contenida.
5. Cuando sea posible el padre o guardian debe de asistir a la escuela para administrar la medicacion.
6. El estudiante puede llevar el inhalador si las condiciones en #2 y #3 arriba se resuelven.

### NOTICIA - POR FAVOR LEA ANTES DE FIRMAR LA PETICION

LA ENFERMERA O ASISTENTE DE ENFERMERAS NO ESTA PRESENTE EN LA ESCUELA TODO EL TIEMPO. POR LO CUAL, ASISTENCIA EN CASO DE EMERGENCIA PUEDE SER PROVEIDA POR PERSONAL ESCOLAR SIN ORIENTACION MEDICA, PADRES DEBEN DE ASEGURARSE QUE SU MEDICO NOS DE DIRECCIONES Y INSTRUCCIONES LEGIBLES, PRECISAS Y COMPLETAS. EL DISTRITO NO SE HACE RESPONSABLE EN NOTIFICAR A LOS PADRES ANTES O DESPUES DE QUE LA MEDICINA ES AGOTADO O CUANDO LA FECHA DE EXPIRACION SUCEDE. ESTA PETICION PARA ASISTENCIA DEL DISTRITO SE VENCE AL TERMINO DEL AÑO DE CLASES EN EL CUAL ES