

# Atascadero Unified School District

5601 WEST MALL • ATASCADERO, CALIFORNIA 93422  
DISTRICT OFFICE (805) 462-4200 • FAX (805) 462-4421

## Parent Release for the Administration of Medication Nursing Services FAX# 462-4413

Student's Name

Date of Birth

School

Allergies

**Parent or Guardian Consent:** I desire that AUSD staff administer the medication(s) as prescribed below by the physician. This form gives permission for AUSD staff to speak to my child's physician about the medical condition(s) treated by the medication(s) listed below. I understand that it is my responsibility to have my child's physician complete this form and that I must return it to the school before any medication can be given. I also understand that all medications must be sent in the original container marked with the student's name and indicate the type of medication and proper dosage. Students may not transport medication, unless consent to carry is on file, only parent/s or guardians.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

**Physician's Consent:** Dear Doctor: In order to comply with the Education Code #49423, in regard to "Administration of Prescribed Medication for Student," we are in need of the following information for authorization for the school nurse or other designated school personnel to dispense prescribed medication at school, (including over the counter medications):

	Medication/Dose	Amount	Time	Route	signs/symptoms for PRN	Diagnosis
Medication #1						
Medication #2						
Medication #3						
Medication #4						

**In order to administer medications safely at school and consider all possible side effects; please list or attach ALL medication this student takes; state "none" if no other medications except those prescribed above:**

Physician's Printed Name

Address

City/State/Zip

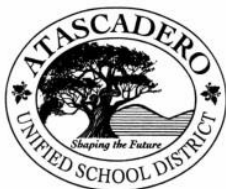
Phone

Physician's Signature

Date

**Any change in medications taken at school must be reported to your child's school immediately and a new medication form be completed and signed by your physician.**

Revised 03/2018



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## AUTORIZACIÓN DE LOS PADRES PARA LA ADMINISTRACIÓN DE MEDICAMENTOS

(Parent Release for the Administration of Medication) FAX # 805-462-4413

Nombre del estudiante

Fecha de nacimiento

Escuela

Alegrías

**Consentimiento del Padre o Tutor:** Deseo que los empleados del Distrito Escolar Unificado de Atascadero (AUSD) administre las medicinas que el médico recetó como lo indico abajo. Este formulario concede permiso a los empleados de AUSD para hablar con el médico de mi hijo/a sobre las condiciones médicas tratadas por las medicinas anotados abajo. Entiendo que es mi responsabilidad de asegurar que el médico llene este formulario y lo entregue a la escuela antes de poderle dar cualquier medicamento a mi hijo/a. Además, entiendo que todas las medicinas deben ser enviadas en los botes originales y que la etiqueta tenga el nombre del estudiante e identifique el tipo de medicina con la dosificación apropiada. Los estudiantes no pueden andar con las medicinas en su posesión, a menos que haya un consentimiento por escrito en el archivo, solo los padres o tutores son permitidos.

Nombre imprimido de padre o tutor

Firma de padre o tutor

Fecha

**Physician's Consent/Consentimiento del Doctor:** Dear Doctor: In order to comply with the Education Code #49423, in regard to "Administration of Prescribed Medication for Student," we are in need of the following information for authorization for the school nurse or other designated school personnel to dispense prescribed medication at school, (including over the counter medications):

	Medication/Dose	Amount	Time	Route	signs/symptoms for PRN	Diagnosis
Medication #1						
Medication #2						
Medication #3						
Medication #4						

**In order to administer medications safely at school and consider all possible side effects; please list or attach ALL medication this student takes; state "none" if no other medications except those prescribed above:**

Physician's Printed Name

Address

City/State/Zip

Phone

Physician's Signature

Date

*Si ocurre algún cambio de medicamentos, necesita reportarlo a la escuela de su hijo/a inmediatamente y su médico de atención debe llenar y firmar un nuevo formulario de medicamentos.*

03/2018 cff