Del Mar
• UNION SCHOOL DISTRICT •

11232 El Camino Real, San Diego, CA 92130 – Ph: (858) 755-9301- Fax: (858) 755-4361

AUTHORIZATION FOR MEDICATION ADMINISTRATION OF DIASTAT

(Education Code Section 49423)

This form is valid only for 2023/2024 school year.

I, the undersigned, as legal parent/guardian of _____
Student Name

_____ attending _____ request that the following medication(s)
Birth Date *School*

_____
Medication

be made available to my child at the times prescribed _____.
Times

- I understand that only personnel meeting the requirements of California Education and Administration Codes will be performing the above mentioned health care service and will be using only the standardized procedure approved by our physician.
- To facilitate the foregoing, I hereby grant permission for the exchange between our physician and the Del Mar Union School District of the confidential medical information contained in my child's records necessary to accomplish this service.
- If any of the conditions in the Diastat Order Form change, a new form must be signed by the parent/guardian and the physician.
- I will provide the medicine(s) in the prescription container(s) which is labeled with the name of my child, the prescribing physician name, and amount of medication prescribed.
- I will notify the school immediately if the health status of my child changes, we change physicians, or there is a change in or cancellation of the procedure.
- I agree to save and hold the district, its officers, employees or agents, harmless from all liability, suits or claims, or whatever nature or kind, which might arise as a result of administering the medication in accord with this request.
- I will notify the school nurse if the emergency seizure medication was administered to my child within 4 hours of child attending school.
- I will notify the school nurse at least 2 weeks in advance if my child will be attending a field trip, including an overnight camp or trip. I understand that physician clearance and new medication orders may be required.
- I will maintain current phone numbers with the school office in case 9-1-1 is called.
- I will provide the necessary medication, supplies, and equipment.

Parent Signature:				**Date:**	
Printed Name:					
Home Address:					
Home Phone:		**Work Phone:**		**Cell Phone:**	