



Physician's Authorization for Specialized Health Care Procedures/Medications

Date: _____

(Name of Student)

(Student's Date of Birth)

(Street Address)

(City)

(State)

(ZIP Code)

This student has the following physical condition/diagnoses and the medical justification for providing the procedure(s) during the school hours is:

As the physician of the above named student, I recommend and approve the following procedure(s) and/or medications to be provided during school hours:

Procedure/Medication	Time/Route	Amount/Dosage	Form (Liquid, Pill, etc.)	Possible Adverse Reactions)

It is the policy of the Glendale Unified School District to allow specialized procedures to be performed and/or medication to be given to students during school only if attendance at school is dependent upon the procedure and/or medication. California Education Codes (CEC) 49423 & 49423.1 allows this to be done if it is the recommendation of a qualified licensed Health Care Professional in California. The school district recognizes the desirability of following a physician's recommendations whenever possible.

I understand that the procedures:

- a. Must be ones that can be learned in a reasonable amount of time.*
- b. Should not require the presence of a physician, medical judgment based on extensive medical training, or an undue amount of time to be provided or performed*
- c. Must be provided or performed during the school day so that the student can attend school or benefit from his or her educational program*
- d. Must be ordered by a licensed physician or surgeon.*

IMPORTANT: THIS ORDER IS VALID THROUGH THE END OF THIS SCHOOL YEAR. A NEW ORDER IS REQUIRED EACH SCHOOL YEAR.

Physician's Signature

Physician's License Number

Date

Physician's Office Stamp

I/we, the undersigned, the parent(s)/guardian(s) of _____
 Request that the specialized physical health care procedures and/or medications be administered to our student in accordance with the CEC 49423 & 49423.5. We understand that the school administrator will appoint a qualified designated person(s) who, in accordance with CEC 49423 & 49423.5, will be performing the health care service and that any non-licensed qualified designated person(s) who performs the services will do so under the supervision of a qualified School Nurse. We understand that in performing this service, the designated person(s) will be using a procedure that has been approved by our physician.

 Parent/Guardian Signature

 Date