



**CHRISTIAN UNIFIED SCHOOLS OF SAN DIEGO**  
**2100 Greenfield Drive**  
**El Cajon, CA 92019**  
**619-201-8800**

**POLICY REGARDING MEDICATION**

In compliance with general procedures for school offices and for the safety of your child(ren), we are limiting our care for students to cleaning and bandaging minor scrapes. For any other medical problems, including temperatures that are above normal, parents will be called to make arrangements for students to be picked up from school. In the case of an emergency, paramedics and parents will be called.

All medications administered at school must be prescribed by a physician even if they are sold over the counter i.e. aspirin, acetaminophen, ibuprofen, antacids, cough drops, etc. All medications (prescribed or over the counter) shall be stored in its originally received container. \*

\* California Education Code

**THIS FORM REQUIRES A PHYSICIAN'S SIGNATURE.** Please use this form when sending prescription and non-prescription medication to the school office.

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**CHRISTIAN UNIFIED SCHOOLS OF SAN DIEGO**  
**Administration of Medications Form (Education Code Section 49423)**

Date: \_\_\_\_\_ Student: \_\_\_\_\_ Grade \_\_\_\_\_

Please administer this medication(s) of \_\_\_\_\_  
 \_\_\_\_\_  
 to the above-named student

Amount: \_\_\_\_\_ Time Schedule: \_\_\_\_\_

Amount: \_\_\_\_\_ Time Schedule: \_\_\_\_\_

Additional Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Any additional information the school should know \_\_\_\_\_  
 \_\_\_\_\_  
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