Medication(s) Needed in Case of a Disaster

STUDENT SERVICES – CAROL ZEPECKI, ED.D. – DIRECTOR, LINDA LENOIR, R.N., MSN (650) 329-3766
PALO ALTO UNIFIED SCHOOL DISTRICT
25 Churchill Avenue • Palo Alto, CA 94306

Student:______________________________Date:______________School/Grade__________________

Address:____Phone___________________

Dear Parent/Guardian:

As part of our Disaster Preparedness Plan, we are trying to provide for all aspects of your child's care, including the administration of medication(s). In anticipation that you may be separated from your child for possibly **72 hours**, please take this letter to your physician who will list all the medications that must be administered to your child at school in order to maintain therapeutic levels. **PLEASE RETURN THIS COMPLETED FORM ALONG WITH THE MEDICATION LISTED BELOW TO YOUR SCHOOL SITE. REMEMBER TO PROMPTLY NOTIFY THE SCHOOL OF ANY CHANGES.**

Although we will try our best to provide your child with these medications, we cannot guarantee that circumstances will allow us to do so in the event of a major disaster.

To the Physician:
Please ensure the parent has been given a prescription to provide the extra medication needed at school during a disaster. Both the parent and I recognize that circumstances beyond anyone's control may prevent the dispensing of these medications.

Indicate medications that **must** be given at school over a 24-hour period. Note dose and time and route of administration.

Write clearly.

DRUG	DOSE	ROUTE	TIME

Physician Signature:____**Date:**______________

Physician's Name (please print or stamp):____

Address:____**Phone:**__________________________

Parent/Guardian:____**Date:**______________