Santa Clara County Office of Education

SPECIAL EDUCATION DEPARTMENT

LIFE-SUSTAINING MEDICATION(S) NEEDED IN CASE OF DISASTER

Student's Name _____ Birth date _____

Address _____ City _____ Zip _____

To Parent/Guardian:
As part of our disaster Preparedness Plan in anticipation that you may be separated from your child for possibly 72 hours, we must have a doctor's prescription on file for **life-sustaining medication(s)**. *Please return this completed form to the classroom teacher only if your child requires life-sustaining medication(s).* Complete and submit a new form if there are 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 Physician:
This will serve as a prescription for the individual named above. Both the parent and I recognize that circumstances beyond anyone's control may prevent the dispensing of these **life sustaining medications**. *A new form must be completed for any changes.*

Medications which MUST be given over a 24-hour period: (Please write clearly)

DRUG	DOSE	ROUTE	TIME(S)

Physician's Signature _____ **License Number** _____ Date _____

Physician's Name Printed _____ Physician's Address _____

Parent/Guardian Signature _____ Parent/Guardian Name Printed _____ Date _____