Helendale School District

15350 Riverview Road * P.O. Box 249 * Helendale, CA 92342
Phone (760) 952-1180 * Fax (760) 952-1178

HELENDALE ELEMENTARY SCHOOL

27274 Peach Tree Lane
(760)952-1204
(760) 952-1762 Fax
PRINCIPAL
Cindy Espinoza
cespinoza@helendalesd.com

SCHOOL ADMINISTRATIVE MANAGER
Kelly Henderson
khenderson@helendalesd.com

HELENDALE SECONDARY SCHOOLS
ACADEMY OF CAREERS AND EXPLORATION & RIVERVIEW MIDDLE SCHOOL
13943 Rivers Edge Road
(760) 952-2396
(760) 245-3210 Fax
PRINCIPAL
Chet Richards
crichards@helendalesd.com

INDEPENDENCE CHARTER ACADEMY/PUPIL SERVICES
15350 Riverview Road
(760) 952-1760
(760) 245-1034 Fax
DIRECTOR
Dr. Michael Esposito
mesposito@helendalesd.com

DIRECTOR OF MAINTENANCE, OPERATIONS, TRANSPORTATION & TECHNOLOGY
Joshua Maze
jmaze@helendalesd.com

ASSISTANT SUPERINTENDENT
Joshua Behnke
jbehnke@helendalesd.com

SUPERINTENDENT
Ross Swearingen
rswearingen@helendalesd.com

PERMISSION TO ASSIST WITH MEDICATION

Pupil's Name _____
Street Address _____
City _____Phone_____

A. Medication is to be administered at school at stated below.*

a. Name of medication _____Dosage_____
Time to be given _____ Duration of prescription _____

b. Name of medication _____Dosage_____
Time to be given _____ Duration of prescription _____

c. Name of medication _____Dosage_____
Time to be given _____ Duration of prescription _____

Signature of Physician _____Date_____

I hereby give my permission to the staff of Helendale Elementary School to assist the administration of the medication as given above.

B. This pupil is being given the following medication at home:

_____

_____

Signature of Parent/Legal Guardian _____Date_____

*ADMINISTRATION OF PRESCRIBED MEDICATION FOR PUPIL (Education Code) EDC 49423

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon or physician assistant.
(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to this paragraph.
(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

BOARD OF TRUSTEES
Frank Melendez Heather Allgood Julie Wilanks Les Kaye Christy Raymond