



AGREEMENT TO FOLLOW SFUSD'S POLICIES AND PROCEDURES RELATED TO MEDICATION ADMINISTRATION

I, _____, have received a copy of San Francisco Unified
please print

School District's policies and procedures related to medication administration, including:

- Storage of medications
- Disposal of medications
- Medication administration procedures related to a variety of/needed types of medication
- Medication administration forms and records (School Medication Log, Student Medication Log)
- Refusal of medications
- Medication errors
- Monitoring of effects of medication

My signature below is to acknowledge that I have read, understand, and agree to follow those established policies and procedures.

Signature of non-licensed staff

Date

Printed Name and Title of Direct Trainer

Signature of Direct Trainer

Date