



AUTHORIZATION FOR MEDICATION ADMINISTRATION

The California Education Code provides for any pupil who is required to take, during the regular school day, medication prescribed for her/him by a physician provided the school district received:

1. A written statement from the physician detailing the method, amount, and time schedule the medication is to be taken.
2. A written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.
3. Medication must be in **appropriately labeled** prescription containers.

CHILD'S NAME: _____ SCHOOL: _____

I have prescribed the following medication for the above named child:

Medication: _____

Dosage: _____

Time: _____

The school should be aware of the following side effects:

****This form MUST be signed by BOTH physician and parent****

Signature of Physician Printed Name of Physician Phone # Date

I hereby give permission for the designated school personnel to administer the above medication to my child. If there is a change in the student's medication, health status, or authorized health care provider, I will notify such changes in writing.

Signature of Parent/Guardian Date

PLEASE NOTE: It is the parents'/guardians' responsibility to see that this form is updated on a yearly basis or more often as needed should a child's medication / treatment change. It is the parents'/guardians' responsibility to pick-up medication at the end of the school year, otherwise it will be discarded.

I certify that the remaining medication listed above has been picked up by the parent/guardian:

Date picked up by (print name) Date discarded by (print name)