Authorization to Administer Medication

STUDENT MEDICATION - Legal Reference: Education Code Section 49423 "...any pupil who is required to take. .during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school person, if the school district received (1.) a written statement from such a physician detailing the name of the medication, the method, amount, and time schedules by which such medication is to be taken, and (2.) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set for in the physician's statement." No other medication is to be administered by school personnel. This includes all medication available without a prescription.

Medication is to be delivered in the original container labeled with the name of the student, name of prescribing physician, name of medication and instructions. Over-the counter medications must be in their original container and be authorized by the parent and physician. This form must be completed for both prescription and over-the-counter medications. It is the parent's responsibility to update this form as needed.

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Parent			Phone(s)				
Health (Care Provider			Pho	ne		
1.	Medication(s)	Dose	Freque	ency/Indication	Duration	Possible Side Effects	
	ional Information and/o Medication:	r Precautions reg	arding me	dications or studen	t's condition. Ple	ase include Indications for "as	
	TH CARE PROVIDEI			licensed by the state	e of California. A	ttached hereto is a	
PHYSICIAN'S SIGNATURE			Date			Date	
District p	personnel to administer or	assist in administ				ive consent to appropriate	
	Furthermore, I hereby g ion concerning my child's		School Nu	rse to receive from		lealth Care Provider any	
informat	ion concerning my child's	medication or the	School Nu medical o	rse to receive from condition.	, or send to, the F		
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