



MEDICATION AUTHORIZATION FORM

Child's name School Grade Date

California Education Code 49423 provides for any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse, or other designated school personnel if the school district receives the following:

- 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 or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

Medication must be in the original container (prescription or over-the-counter). The medication should be clearly labeled with the student's name, medication name, & dosage.

To be completed by physician

Medication

Dosage

Time Before Lunch After Lunch As Needed

Please mark if applicable:

- A. Inhaler [] Keep in office [] Carry with him/her [] May self-administer
B. Epi Pen [] Keep in office [] Carry with him/her [] May self-administer
C. Diabetic Supplies [] Keep in office [] Carry with him/her [] May self-administer

The school should be aware of the following side effects

Print Name of Physician/Provider

Date

Signature of Physician/Provider

Phone Number/FAX Number

I understand that this consent may be terminated at any time

By signing this form I authorize the following:

- I hereby give permission for the designated school personnel to administer the above medication to my child
I authorize the nurse to communicate with the physician
I authorize my child to self-administer the medication described above, A, B or C, and release civil liability if student suffers adverse reaction

Parent Signature

Date