



MEDICATION PERMIT

THIS FORM MUST BE COMPLETED AND SIGNED BY THE HEALTH CARE PROVIDER AND PARENT/GUARDIAN BEFORE ANY MEDICATION CAN BE ADMINISTERED AT SCHOOL.

MEDICATION REQUIRED DURING SCHOOL HOURS

California Education Code # 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school to maintain or improve the potential for education and learning.

Medication must be in the container in which it was purchased with the pharmacy label attached. It must be prescribed for the student to whom it will be administered. No medication (including over-the-counter medications such as Tylenol, cough drops, etc.) will be given at school without a current prescription. State law allows a student to self-administer inhaled asthma medication or auto-injectable epinephrine with specific consent from the physician and parent. Consents for self-administration of medication are available in the school office.

STUDENT NAME: _____ **D.O.B.:** _____ **GRADE:** _____

SCHOOL: _____ **FAX:** _____ **TEACHER:** _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Condition for which medication being given: _____

Medication Prescribed: _____

Dosage (*school only*): _____ Time(s): _____ Route: _____

Medication to be administered until: _____ (date)

It is necessary for this medication to be taken during school day at the time(s) indicated above.

Physician Signature: _____

Physician Name: _____ Date: _____
(Please stamp or print)

Address: _____ Phone: _____ Fax: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I authorize school personnel to administer the above medication to my child as ordered by the health care provider listed above. I give consent for the school nurse to contact the physician regarding this medication.

Parent/Guardian Signature: _____ Date: _____

Phone Number(s): _____
(home phone) (cell phone) (work phone)