CONSENT TO ADMINISTER MEDICATION AT SCHOOL OR CHILD CARE

A new authorization will be required for any change in medication order.

In accordance with Education Code Section 49423 and the California Day Care Licensing requirements, I hereby authorize _____ School District to assist my student in taking the following medications which must be administered at school.

NOTE: MEDICATION MUST BE BROUGHT TO SCHOOL IN THE ORIGINAL PHARMACY CONTAINER WITH PRINTED INSTRUCTION ON THE LABEL. PLEASE ASK THE PHARMACIST TO FILL THE PRESCRIPTION IN DUPLICATE (2) LABELED CONTAINERS, ONE FOR SCHOOL, AND ONE FOR HOME.

TO BE COMPLETED BY PHYSICIAN (PROVIDER)

STUDENT'S NAME: _____ DOB: _____

NAME OF MEDICATION: _____ DOSAGE: _____ EXP. DATE: _____

AMOUNT TO BE GIVEN: _____ (e.g., one tablet, one drop, etc.) TIME TO BE GIVEN: _____ (e.g., noon, before PE, with lunch, etc.)

ROUTE OF ADMINISTRATION: _____ (e.g. by mouth, via GI tube, etc.) DURATION NEEDED: _____ (e.g., 10 days, daily, until end of school year, etc.)

TO BE CARRIED BY STUDENT: Yes ☐ No ☐

ADDITIONAL INSTRUCTIONS: _____

_____

PHYSICIAN RECOMMENDING/PRESCRIBING: _____ (Please print)

Address: _____ Phone: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

GIVE TO PARENT OR FAX TO SCHOOL AT _____

TO BE COMPLETED BY PARENT:

- I give permission for the school nurse or other designated school employee to communicate with the above named physician regarding my child.
- I release school personnel from liability should reactions result from medications. In case of anaphylactic reaction, follow-up care and transportation are to be as follows:

_____

_____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

HOME PHONE: _____ WORK PHONE: _____

Complete the following *only if* medication is to be carried by the student.

My son/daughter has been instructed in the proper use of the above listed inhaler/medication and has my permission to carry this medication as ordered by his/her physician. I understand that sharing medication with other students will result in disciplinary action.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____