

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

PLEASE NOTE: this form must be completed each school year or more frequently, if necessary.

I. Basic Legal Provision - California Education Code, Section 49423

Notwithstanding the provision of Section 49422, 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 (1) a written statement from such physician detailing the name of the medication, method of administration, 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 matters set forth in the physician's statement.

Designated school personnel may administer medication to pupils upon written request of the pupil's parent/guardian and physician **only** when the medication is in the original container.

II. Physician Instructions

Student _____ Age _____ Birth date _____

School _____ Grade _____

TO PHYSICIAN: Please note: Whenever possible, please prescribe medication that can be given outside of the school day. If medication must be administered during school hours, please complete the information below:

MEDICATION(S)	DOSAGE	ROUTE OF ADMINISTRATION	APPROXIMATE TIME OF DAY

Diagnosis or indication for medication _____

Length of time to be taken _____

Precautions or additional instructions _____

a. For emergency medication, is the student capable of self-administering the necessary treatment/medication?

Yes No

b. Will the student need to carry this medication on his/her person? Yes No

c. Will the student need to self-administer this medication? Yes No

Please note obvious side effects to this particular medication _____

Signature of Physician _____ Address _____

Print/Type Physician's Name _____ Phone _____ Date _____

