

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

Educational Code 49423 and 49423.5. Any pupil who is required to take, during the regular school day, medication prescribed by a physician or over-the-counter medication sent by the parent, may be assisted by the school nurse or other designated school personnel if the school receives (1) a written statement from the physician detailing directions for taking the medication and/or (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in taking any non-prescribed medication. Have the Pharmacy or Physician properly label medication in a sealed container for school administration.

All non-prescription medication (Tylenol, Advil, etc.) must be sent from home and in a bottle labeled with the students name with this form signed and on file in the office.

PART I: *To be completed by the parent or guardian:*

I request that my child be assisted in taking the medication, prescribed by a physician or sent from home, by designated personnel during school hours. I understand that my child may not have or take medication at school unless all requirements are met.

Child's Name _____ Sex _____ Birth Date _____

School _____ Grade _____ Teacher _____

Physicians Name _____ Telephone # _____

Address _____

Request Date _____

Parent Signature _____

Home Phone/Emer.Phone _____

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PART II: *To be completed by attending physician for prescription medication:*

The child named above is under my care. It is necessary for him/her to receive the following medication during school hours on a regular/emergency basis.

NAME OF MEDICINE: _____

FORM (ie: tablet, liquid, injection, inhaler, etc): _____

DOSE: _____

IF GIVEN DAILY: what time(s)? _____

Duration of medication request: _____

Physician's Signature

Date