



COTATI-ROHNERT PARK
UNIFIED SCHOOL DISTRICT

AUTHORIZATION FOR MEDICATION ADMINISTRATION

The California Education Code provides for any pupil who is required to take, during the regular school day, medication prescribed for her/him by a physician provided the school district received:

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/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.
3. Medication must be in **appropriately labeled** prescription container.

CHILD'S NAME: _____

SCHOOL: _____ DATE: _____

I have prescribed the following medication for the above-named child:

Medication: _____

Dosage: _____

Time: _____

The school should be aware of the following side effects: _____

Signature of Physician

Date

Printed Name of Physician

Telephone Number

I hereby give permission for the designated school personnel to administer the above medication to my child. If there is a change in the student's medication, health status, or authorized health care provider, I will notify such changes in writing.

Signature of Parent/Guardian

Date

PLEASE NOTE: It is the parents'/guardians' responsibility to see that this form is updated on a yearly basis or more often as needed should a child's medication/treatment change. It is the parents'/guardians' responsibility to pick-up medication at the end of the school year.