



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: _____

Diagnosis/purpose for medication: _____

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

Medication: _____

Dosage: _____

Time: _____

Symptoms if medication is PRN/As Needed: _____

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.

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.

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