

REQUEST FOR ADMINISTRATION OF MEDICATION

Dear Parent or Guardian:

We attempt to discourage administration of medication in the schools. However, if your health care provider decides it is necessary for your child to receive medication during the school day, the approval and specific directions must be provided to the school. Please take this form to your health care provider and have the instructions recorded regarding the administration of your child's medication. Return this completed form to school along with corresponding medication. NO MEDICATION -prescription or over the counter, will be given without this completed form. (Ed. Code 49423)

I hereby request that the following medication be given to my son/daughter at school as prescribed by my health care provider. I understand and agree that, (1) a non-medical staff member may give the medication, (2) I am required to bring the medication to school personally - preschool through 8th, (3) all medication must be in the original container with the current prescription label on the container and, (4) the school district is held harmless from any liability in dispensing this medication.

Student Name _____

Parent/Guardian Signature _____ Date _____

HEALTH CARE PROVIDER'S ORDER FOR MEDICATION AT SCHOOL

Medication _____ Dose _____

Time and Circumstance of Administration:

Possible side effects:

Duration of Treatment _____ May self-administer YES NO

Special Instructions/Precautions:

It is necessary for this medication to be taken during school hours as indicated.

Doctor Name _____ Phone _____

Doctor Signature _____ Date _____

Subject to renewal annually and if prescription changes