



## Prescription Medication-at-school Administration

Dear Parents/Guardians:

If students need to take prescription medication during school hours, parents may either come to school to administer the medication to their children or school personnel may administer the medication provided in this form.

California Education Code section 49423 states that any pupil who is required to take medication during the school day may be assisted by the school designated personnel only if the school receives (1) written statement from the physician detailing the method, 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 assist the pupil in the matters set forth in the physician's statement.

**All areas must be completed in their entirety by the physician.**

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Reason for Administration/Diagnosis** \_\_\_\_\_ **Date patient examined** \_\_\_\_\_

**Medication prescribed** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Max Dosage** \_\_\_\_\_

**Time** \_\_\_\_\_ **Time intervals if given as needed** \_\_\_\_\_ **Method** \_\_\_\_\_

*If given as needed, specify signs/symptoms indicating need for medication:* \_\_\_\_\_

*Other special instructions if above as needed medication is not effective:* \_\_\_\_\_

**Medication administered until the date of** \_\_\_\_\_

**Possible side effects/adverse reactions that require medical intervention** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Physician Name** \_\_\_\_\_ **Phone (\_\_\_\_\_)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

Prescription medication should be labeled with student's name, doctor's name, name of medication, dosage, time schedule and date medication was prescribed.

Medication should be picked up by the parent at the end of the school year or it will be discarded. Medication will not be sent home with students. This form must be renewed on a yearly basis.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Phone number** \_\_\_\_\_