

# CMCS Authorization for Administering Prescription Medications

NAME OF STUDENT	AGE	GRADE	TEACHER

EDUCATION CODE 49423 AUTHORIZES THAT ANY PUPIL WHO IS REQUIRED TO TAKE, DURING THE REGULAR SCHOOL DAY, MEDICATION PRESCRIBED FOR HIM/HER BY A PHYSICIAN, MAY BE ASSISTED BY SCHOOL PERSONNEL IF THE SCHOOL RECEIVES A WRITTEN STATEMENT FROM SUCH PHYSICIAN DETAILING THE METHOD, AMOUNT, AND TIME SCHEDULES BY WHICH SUCH MEDICATION IS TO BE TAKEN (PRESCRIBED BOTTLE IS ACCEPTABLE IF IT HAS ALL THE ABOVE INFORMATION LISTED). THE SCHOOL ALSO REQUIRES THIS WRITTEN AUTHORIZATION FROM THE PARENT/GUARDIAN OF THE PUPIL, REQUESTING THAT THE SCHOOL ASSIST THE PUPIL IN THE MATTER SET FORTH IN THE PHYSICIAN'S STATEMENT.

I REQUEST THE PRESCRIBED MEDICATION LISTED BELOW BE ADMINISTERED TO MY CHILD AND AGREE TO HOLD CALVARY MURRIETA CHRISTIAN SCHOOLS AND ITS EMPLOYEES HARMLESS FROM ALL LIABILITY OR CLAIMS WHICH MIGHT ARISE OUT OF THESE ARRANGEMENTS. I GIVE PERMISSION TO CONTACT THE PHYSICIAN FOR CONSULTATION AS NEEDED.

NAME OF MEDICATION #1	NAME OF MEDICATION #2
HEALTH CONDITION FOR WHICH MEDICINE IS PRESCRIBED	HEALTH CONDITION FOR WHICH MEDICINE IS PRESCRIBED
DOSAGE	DOSAGE
DATE(S) AND TIME(S) TO BE TAKEN	DATE(S) AND TIME(S) TO BE TAKEN

I UNDERSTAND THAT ALL MEDICATION, PRESCRIPTION AND OVER-THE-COUNTER, INCLUDING ACETAMINOPHEN, COUGH DROPS, ETC., MUST BE BROUGHT TO THE SCHOOL OFFICE BY THE PARENT OR GUARDIAN AND DISPENSED BY THE HEALTH OFFICE. MEDICATIONS MUST COME TO SCHOOL IN THE ORIGINAL, LABELED CONTAINER (NO BAGGIES). I UNDERSTAND THAT STUDENTS **MAY NOT** CARRY MEDICATIONS. CERTAIN EXCEPTIONS MAY BE MADE FOR ASTHMA INHALERS, BUT WE MUST HAVE PERMISSION FROM THE PARENT AND THE PHYSICIAN. THESE PROCEDURES ARE REQUIRED SO THAT YOUR CHILD WILL RECEIVE MEDICATION EXACTLY AS PRESCRIBED.

PARENT/GUARDIAN SIGNATURE	CELL NUMBER	DATE

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