

## Authorization for Medication

Student's Full Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***If a medication must be taken during the school day, CA Education Code Section 49423 requires that a written authorization statement be on file. The statement must be signed by the parent/guardian and the physician indicating a desire that designated school personnel assist the student with medication administration. The authorization must be made annually and/or whenever a change occurs. Education Code requires that ALL medications, prescription AND over-the-counter must have a completed statement from BOTH the physician AND parent/guardian before they can be administered. Medication must be provided in the original container labeled with the students name, medication name, dose/strength and specific administration directions.***

### PARENT/GUARDIAN AUTHORIZATION

As the parent/guardian of the above named child, I request that designated school personnel assist in the administration of medication prescribed by the physician. I give consent for the physician and school personnel to communicate directly, regarding the administration of the medication. I understand it is my responsibility to bring all medication safely to the school and I agree to refill or replace medication as necessary. I understand that the medication will be stored in a locked area unless the physician indicates that my child is capable of carrying and self-administering it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHYSICIAN AUTHORIZATION

The following medications should be available for administration during the school day and during extended hours when the child is on school sponsored trips/outings/events.

B. Name of Medication	Route	Dosage	Time	Self-Administer?	Self-Carry?	D/C Date
1.				<input type="checkbox"/> No <input type="checkbox"/> Yes, supervised <input type="checkbox"/> Yes, unsupervised	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.				<input type="checkbox"/> No <input type="checkbox"/> Yes, supervised <input type="checkbox"/> Yes, unsupervised	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.				<input type="checkbox"/> No <input type="checkbox"/> Yes, supervised <input type="checkbox"/> Yes, unsupervised	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4.				<input type="checkbox"/> No <input type="checkbox"/> Yes, supervised <input type="checkbox"/> Yes, unsupervised	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Student statement for Self-Administration:** I understand that I am allowed to carry and self-administer ONLY the medications(s) listed above. I agree to use the medication as instructed by my physician and not to share with other people. I understand that if I share the medication with others, I will be held accountable for my actions and that I will face disciplinary action.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PROCEDURES FOR MEDICATIONS TO BE GIVEN AT SCHOOL

California Education Code 49423 indicates that any student who is required to take medication prescribed for him/her by a physician (during the regular school day) may be assisted by the school health clerk or other designated school personnel if certain requirements are met.

PRESCRIBED medication may be given at school if the school district receives a "Medication Request" for or other written statement from the health care provider and a parent permission statement. It is the responsibility of the parent to present the written documents and medication to the school. The medication should be clearly labeled with the student's name, name of the medication and its dosage, and time the medication is to be administered. Medications are primarily kept in the Health Office in a locked container. For the safety of your student and others, please DO NOT put medication in lunch boxes/sacks or let the student carry medication on his/her person.

OVER-THE-COUNTER medication cannot be dispensed at school unless the above requirements are met. Cough drops, cough syrup, Aspergum, throat lozenges, etc., cannot be brought to use at school. If students are in need of these aids, please dispense them at home before or after school.

Teachers do not keep medications in their classrooms unless special protocols have been put into place (504). Designated school personnel dispense all medication from the Health Office. Aspirin/Tylenol/Advil are over-the-counter medications and are, therefore, not dispensed at school. Please do not ask your student's teacher or any other school personnel to give these medications.