

OLD ADOBE UNION SCHOOL DISTRICT - SCHOOL HEALTH SERVICES
AUTHORIZATION TO ADMINISTER MEDICATION

Student's Name _____ Date of Birth _____ Grade _____
School _____ School year _____

The California Education Code 49423 provides for any pupil who is required to take, during a regular school day, medication that is prescribed for him/her by a physician, and may be assisted by the school nurse or designated school personnel if the school district has received the following:

- Medication must be provided in the original container (**both prescription and over the counter**) and labeled with student's name, medication name, dosage and **expiration (must be current)**.
- A written statement from the physician detailing the method, amount and time schedule the medication is to be taken, purpose of the medication, signed by the physician.
- A written statement from the parent or guardian of the student indicating the desire that the school district assist the student in the matter set forth in the physician's statement, signed by the parent or guardian.

To be completed by the physician

Medication: _____

Purpose of the Medication: _____

Dosage: _____ Method of Administration: _____

- As needed
- Before lunch
- After lunch
- At _____ o'clock

Possible side effects: _____

Expiration of order: _____

PRINT NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

PHONE NUMBER

DATE

To be completed by the parent or guardian

I hereby give permission for the designated school personnel to administer the above medication to my child.

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

PHONE NUMBER

DATE