

MEDICATION REQUIRED DURING SCHOOL HOURS

California Education Code Section 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. Medication must be in the container in which it was purchased, with the pharmacy label attached, and must be prescribed to the student to whom it will be administered. No medications, including over-the-counter medicine, will be given without current Physician/Podiatrist/Dentist authorization. This service is provided to enable the student to remain in school to maintain or improve the potential for education and learning.

STUDENT'S NAME:(print) _____ D.O.B. ____/____/____

SCHOOL OF ATTENDANCE: _____

To be completed by Physician/Podiatrist/Dentist/Medical Care Provider

*In my professional opinion, this student **MAY** or **MAY NOT** carry and use this medication him/herself.*

Date patient examined _____ Diagnosis _____

Medication Prescribed _____

*Dose _____ Time/Interval _____ Route _____

*DO NOT GIVE RANGE; BE DOSE SPECIFIC

Administer until (date) _____

Physician's Signature _____ Date _____

Physician's Name (PRINT) _____ Phone _____

FAX # _____

Physician's Office Stamp (REQUIRED) _____

To be completed by Parent/Guardian

I authorize, as needed, the sharing of information related to my child's health between the school nurse (or designee) and the health care provider. My child **MAY** or **MAY NOT** carry and use this medication him/herself (physician must agree).

Parent/Guardian Signature _____ Date _____

Home Address _____, _____

Telephone (home) _____ (work) _____

THIS FORM MUST BE RENEWED WHENEVER THE PRESCRIPTION CHANGES **AND** AT THE BEGINNING OF EACH SCHOOL YEAR.

Nurse's Signature _____ Date _____

Principal's Signature _____ Date _____