

## PERMISSION AND INSTRUCTIONS TO ADMINISTER MEDICATION During School Hours and School-Sponsored Activities

Dear Parent/Guardian:

Before medication can be administered by school personnel, it is necessary to have specific written orders from your physician and written authorization from you. The school MUST be notified of any changes of medication administered at school. In addition, we ask that you notify us of any changes in the medication administered at home that might affect your child's behavior at school.

Medication must be in Original Pharmacy Labeled container with the student's name clearly visible. Permission must be renewed each school year. Over-the-counter medication will be given only if prescribed by a physician or dentist and in the original container. This Permission to Administer Medication form will also cover any district sponsored overnight field trip that exceeds the hours in a regular school day (California Education Code Section 49423).

Name of Student: \_\_\_\_\_ Address: \_\_\_\_\_

Birthdate:	School:	Program (if app	licable):
The above-name		I receiving medication(s) for the following cor ring school hours (and/or during school activi	
MEDICATION TO	) BE ADMINISTERED AT SCHOOL DURING	SCHOOL HOURS and/or during school activiti	es:
MEDICATION:		_TIME:	_
DOSE (Total dos	e-please give in mg. or ml.)	ROUTE:	_
OBSERVABLE ADVERSE REACTIONS THAT MIGHT BE SEEN:			
MEDICATION WI	LL CONTINUE FOR: DAYS	MONTHS UNTIL:	_
NOTE TO PAREN	<u>T</u> : It is your responsibility to provi	r regarding clarification if you are not ide the required medication(s) in orig cription changes and at the beginning	inal and individually prescriptior
	GNATURES: PERMISSION TO ADM	INISTER THE ABOVE MEDICATION(S) School	IS HEREBY GIVEN TO SCHOOL
Physician Signatu	ıre:	Phone:	Date:
Physician Name (	(Please print):	Phone:	Date:
Parent/Guardian	Signature:	Phone:	Date: