

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ (2009-2010)

**AUTHORIZATION FOR MEDICATION ADMINISTRATION  
(EDUCATION CODE SECTION 49423)**

Any pupil who is required to take, during the regular school day, medication prescribed for him/he by a physician, may be assisted by a school nurse or other designated school personnel if the school receives:

1. A written statement from a physician licensed in the State of California detailing the method, amount and time schedules by which such medications are to be taken.
2. Written authorization from the parent/guardian of the pupil indicating the desire that school district personnel assist the pupil in the matters set forth in the Physicians statement. See Authorization below.

This authorization is valid only for the current school year. If any of the conditions in the Physician's Statement change, a new form must be signed by the parent/guardian and the physician.

Only medication prescribed by the pupil's physician as being necessary to be taken by the pupil in the manner listed on the Physician's Statement should be brought to the school. Medication should be in containers, which are clearly marked with the name of pupil, the name of the prescribing physician, name of the medication and the amount of medication.

If your child is to receive prescribed medication we must have the form below completed as well as a statement from the prescribing physician.

If however you wish for your child to be administered Tylenol from the school nurse on an as needed basis, you must complete and return the form below signed with Tylenol clearly marked, one form must be received for each student.

**PRESCRIBED MEDICATION**

**2009-2010**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_  
Physician's name \_\_\_\_\_ Phone number \_\_\_\_\_

**TYLENOL PERMISSION**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Tylenol may be given as needed \_\_\_\_\_ Dosage \_\_\_\_\_

I request that a school nurse or other designated school employee administer the medication as directed above. I recognize the fact that this is a service or accommodation which the school is not legally required to perform. I agree to save and hold the school, its officers, employees or agents harmless from all liability, suits or claims, of whatever nature or kind, which might arise as a result of administering the medication in accord with this request.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## MEDICATION POLICY

The school recognizes that some children need to take medication at school. To encourage school attendance, the school will assist by storing medicine at school for your child. However, we request that the following be observed for the safety of your child and others.

- A. A special medication form to be completed, and signed by you, stating the name of the medicine, dosage and appropriate time to be given etc.(see form on reverse).
- B. Each time your child is to receive a new medication or a change in dosage, you must contact the office and fill a out new form.
- C. Please bring the medicine in the labeled prescription bottle to the nurse's office with the completed form.
- D. Medication will be kept in a locked cabinet in the nurse's office.
- E. Please remind your child to report to the office to take the medication at the appropriate time.
- F. If you wish your child to receive Tylenol on an as needed basis, you must complete the form on the reverse side. If we do not have a completed form for each of your children, we will be unable to administer Tylenol to your child.

Please feel free to contact me if you have any questions or concerns, or if there are any special circumstances involved with your child.

Thank you,

Judy Cromwell  
School Nurse