

SAN LORENZO VALLEY UNIFIED SCHOOL DISTRICT
325 Marion Ave., Ben Lomond, CA 95005
(831) 335-4452 x 236

AUTHORIZATION FOR MEDICATION TO BE GIVEN AT SCHOOL

STUDENT _____ AGE _____ BIRTHDATE _____

SCHOOL _____ Grade _____

PARENTS:

1. Do you wish this child to receive medication at school? Yes No

2. Why is this medication given? _____

3. How often will the medication be brought to school?

Daily Weekly Monthly Other

Please bring the medication to school; **do not** send with student.

California Education Code 49423 allows designated school personnel to assist students who are required to take medication during the school day. Persons signing this form authorize school personnel to administer the medication(s) below as ordered by their physician, and agree to release of medical information from Dr. _____ to the school nurse.

(Signature of parent or guardian living with child)

Address

Phone

Date

PHYSICIAN:

Diagnosis and indication for medication: _____

Observable adverse reactions: _____

I would like follow-up reports, by phone from the: Nurse Principal Teacher Psychologist

At intervals of: Daily Monthly Other as needed

IMPORTANT: Please discontinue this request as of this date: _____
(A new form must be completed after the above date or when prescription changes)

Name And Dose Of Medication	Form: Capsule, Tablet, Cream, etc.	Number to be Taken	Time of Day

Signature of Doctor

License #

Date

Address

Phone #

Revised 9/4

Medication Information for Parents

Dear Parent/Guardian,

If it is essential for your child to receive medication at school, it may be given if the following guidelines are met:

1. A complete and current "Authorization for Medication" form must be on file at the school (a new form is required each year).
2. Medication will be brought to school by parent/guardian. The container will have a prescription label from the pharmacy with the child's full name, medication name, dose schedule, route of administration, name of prescribing doctor and expiration date. (You may ask your pharmacist for an extra bottle with a duplicate label, so you can have one at home and one at school.)

Facts You Should Know:

1. The parent/guardian and physician must complete and sign the "Authorization for Medication" form. Forms are available from school office. **A note from home will not be accepted.**
2. Medication must be brought to school by parent/guardian.
3. The "Authorization for Medication" form is also required for non-prescription (**over-the-counter medications**) such as cough syrup, Tylenol, cortisone cremes, etc. These medications must be brought in original container.
4. Students must come to the office to take medication. It will be administered as directed by the physician in the "Authorization for Medication" form.
5. In certain cases, students may be allowed to carry and self-administer medications (such as inhalers and emergency bee sting kits) if a written agreement is signed by student, parent/guardian and physician.
6. Short-term medications (antibiotics, etc.) can usually be taken when the student is at home. Please arrange this with your physician whenever possible.

* No exceptions will be made to these guidelines. If they are not followed, we cannot give your child medication at school. It will be necessary for you to come to school and give the medication yourself. We encourage you to work out the dose schedule with your physician so medication does not need to be given during school hours.

I have read, understand and agree to the terms and guidelines on both sides of this form.

Parent/Guardian Signature: _____ Date: _____

Thank you for your understanding and cooperation in this matter.