

MEDICATION AUTHORIZATION AND PLAN

All students receiving medication at school are required to complete a Medication Authorization and Plan. Prescription and non-prescription medications are permitted at school only when this completed form is on file. If any of the conditions of this authorization change, a new form must be completed and signed by the doctor or parent. A fax copy (619-437-1473) may be accepted until the original can be mailed or brought to the health office. **This form is valid for one school year and must be renewed annually.** Reference: California Education Code- 49423

I request that my child be administered the prescription or non-prescription listed below, according to the designated guidelines:

Grade: _____

Name of student: _____

<u>Medication</u>	<u>Dose</u>	<u>Route</u>	<u>Time</u>	<u>Diagnosis/Condition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Possible side effects while taking this medication:

1. All medicine must be provided to the school by the parent or guardian.
2. A release from doctor or parent providing under what circumstance the medication is to be distributed to the student.
3. The prescribed medication must be in the original container and have the affixed label, including the student's name, prescribing provider name, name of dispensing pharmacy or manufacturer; strength of medication is to be given. Non-prescription medication must also be in the original container.
4. The record will be kept on the student's health file.
5. A new medication authorization form must be completed for any change in dose, time, or method of administration.
6. The school requires that all medication will be kept in a secure place in the health office until the student needs to use it.
7. A student's medication is to be self-administered under the supervision of school or trained volunteers.
8. Medication authorization is valid for one school year unless ordered discontinued.
9. Medication must be picked up by the parent/guardian within one day of the end of the school year or they will be discarded.

This releases and holds school personnel or designated school staff/ volunteer harmless from any and all liability for damages or injury resulting directly or indirectly from the presence of the medication in the school or its use by my child.

Name of Doctor: _____ Date: _____

Signature

Parent or Guardian

Signature _____ Date: _____