PARENT/GUARDIAN AND PHYSICIAN MEDICATION AUTHORIZATION

PARENT AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

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.

I request that medication be administered to my child _____________________________, in accordance with our physician’s written instructions. I understand that designated school personnel will administer medication under supervision of a qualified School Nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

Parent/Guardian Signature: ________________________ Date: ________________________

***MEDICATION MUST BE IN THE ORIGINAL LABELED CONTAINER FROM PHARMACY***

PHYSICIAN AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

** MUST BE COMPLETED BY PRESCRIBING PHYSICIAN**

A separate form must be completed for each prescribing physician

<table>
<thead>
<tr>
<th>Medication</th>
<th>Method of Administration</th>
<th>Dosage</th>
<th>Time(s)</th>
<th>Discontinue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td></td>
<td></td>
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<tr>
<td>#2</td>
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<tr>
<td>#3</td>
<td>PRN Tylenol</td>
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<tr>
<td>#4</td>
<td>PRN Motrin</td>
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</tr>
</tbody>
</table>

List any precautions for administration or storage of medication:

___________

Printed Name of Physician  NPI#  Medical License Number  Date

Signature of Physician

Tel: ______________________  Fax: ______________________

Updated March 2022 for the 2022-2023 school year
Effective entire 2022-2023 school year