SANTA CLARA UNIFIED SCHOOL DISTRICT
MEDICATION AUTHORIZATION FORM

In accordance with *California Education Code Section 49423*, this form must be completed by a California licensed physician or other health care provider who has the authority to prescribe medication and be on file for any student who requires medication (prescription or over-the-counter) during the regular school day. Written permission from the student's parent or legal guardian is also required.

Student ____ DOB _____________________

School __________________________ Grade ________ Teacher ___________________

TO BE COMPLETED BY PHYSICIAN

1) MEDICATION ____ DOSE _______________

TIME/FREQUENCY ____ ROUTE _______

REASON FOR MEDICATION ____

Medication will continue for ________________ days or until _________________________________

Observable adverse reactions that might be seen at school: ___________________________________

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2) MEDICATION ____ DOSE _______________

TIME/FREQUENCY ____ ROUTE ______________

REASON FOR MEDICATION ____

Medication will continue for ________________ days or until _________________________________

Observable adverse reactions that might be seen at school: ___________________________________

Physician signature ____ Date _____________________

Physician name (stamp or print) ________________________________ Phone ____________________

Address: ____ Fax ______________________

PARENT INFORMATION

- Please provide medication in its original and properly labeled container to school office. Prescription medication must be in the pharmacy-labeled container with the student's name clearly visible.
- Please inform school of any changes in the medication plan along with new orders.
- Medication forms must be renewed annually.

I authorize school staff to assist with medication administration as directed by the authorized health care provider.

Parent/guardian signature* ____ Date ____________________

**Signature authorizes communication between the school nurse and prescribing provider regarding the prescribed medication or over-the-counter product, if necessary.*

Revised 02/2013