

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 WITH VALID EXPIRATION*****

PHYSICIAN AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

**** MUST BE COMPLETED BY PRESCRIBING PHYSICIAN ****

A separate form must be completed for each prescribing physician

	Medication	Method of Administration	Dosage	Time(s)	Discontinue Date
#1					
#2					
#3	PRN Tylenol(must include dosage and strength)				
#4	PRN Motrin(must include dosage and strength)				

List any precautions for administration or storage of medication:

Printed Name of Physician **NPI#** **Medical License Number** **Date**

Signature of Physician **Telephone Number** **Fax Number**

