

## **MEDICATION IN SCHOOL FORM**

(For Prescription and Over-The-Counter Drugs)

To: School Administrator		Date:
ATTN: School Nurse	School:	Grade:
Parent/Guardian (please complet ordered for my child. I also give co exchange medication information	nsent for the school nurse and m	· · · · · · · · · · · · · · · · · · ·
Student Name:		Birthdate:
Address:	Phone Number:	
Parent/Guardian signature:		
•	at school. Students may carry the on the written medication order	hold harmless school personnel with eir inhaler or Epi-pen at school only if
Licensed Healthcare Provider (ple		
Medication is necessary at school	for the following reason(s):	
Medication:		
Dose/Route:	Time	e to be given:
Time Limit (i.e. 10 days, 6 months,	current school year):	<del></del>
May carry inhaler: yes no	May carry Epi-Pen: yes no	0
Healthcare Provider signature/ title (N		Date:
Print (or Stamp) Provider name/ addr	at sch	be submitted to DHCS for services rendered nool within the scope of prescribed order

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California Ed. Code 49423 states that medication can be given at school with the following provisions:

- 1. A request in writing signed by the parent and......
- 2. An order in writing from the physician giving instructions for medication dosage, and the method of administration. No medications can be given without a physician's signature.
- 3. Medication must be in the original & current prescription container.
- 4. A medication in school form must be completed each school year for long term medications.