



MEDICATION IN SCHOOL FORM
(For Prescription and Over-The-Counter Drugs)

To: School Administrator Date: _____

ATTN: School Nurse School: _____ Grade: _____

Parent/Guardian (please complete): I give consent for school personnel to provide medication as ordered for my child. I also give consent for the school nurse and my child’s medical care provider to exchange medication information regarding my child.

Student Name: _____ Birthdate: _____

Address: _____ Phone Number: _____

Parent/Guardian signature: _____

Parents are responsible for providing the medication daily and will hold harmless school personnel with regard to their child’s medication at school. Students may carry their inhaler or Epi-pen at school only if the physician specifically indicates on the written medication order.

Licensed Healthcare Provider (please complete):

Medication is necessary at school for the following reason(s): _____

Medication: _____

Dose/Route: _____ Time to be given: _____

Time Limit (i.e. 10 days, 6 months, current school year): _____

May carry inhaler: yes__ no__ May carry Epi-Pen: yes__ no__

Date: _____

Healthcare Provider signature/ title (MD, DO, FNP, PA)

Print (or Stamp) Provider name/ address/ phone

NPI-may be submitted to DHCS for services rendered at school within the scope of prescribed order

MEDICATION IN SCHOOL

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.

This form is only valid for the current school year.