

**PERMIT TO GIVE MEDICATION AT SCHOOL**

Dear Parent and Physician:

In accordance with California State Law (C.E.C. 49423), it is required that if a student is to be assisted in taking prescription or over-the-counter medication at school, a written request from the physician and parent, or legal guardian, must be on file at the school. Please complete this form or a similar form every year or every 12 months. Please supply the school with the medication with the prescription. Medication must be delivered to school personnel by an adult; it cannot be sent to school with students.

No medication may be given at school, or be in a student's possession, until this form is returned with the physician and parent/guardian signatures. All medications must be stored in original container with prescription, including the expiration date.

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**STUDENT'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **TEACHER/GRADE:** \_\_\_\_\_

The above named student is to receive \_\_\_\_\_ at \_\_\_\_\_  
Medication and Dosage (concentration) Time

Reason needed: \_\_\_\_\_

Restrictions and/or important side effects: \_\_\_\_\_

Special storage requirements: \_\_\_\_\_

This student is both capable and responsible for carrying and self-administering this medication\*

[ ] Yes [ ] No \*(Students are only permitted to carry and self-administer medications for: severe allergic reactions (Benadryl and epi-pens), diabetes (insulin and glucagon), and asthma; required forms must to be on file in the health office)

Physician's Name: \_\_\_\_\_ (Please print)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician/Healthcare Provider Date Parent's Signature Date

I \_\_\_\_\_ (parent/guardian signature) approve the information provided herein and consent to the use of electronic signatures.

- TO PARENTS:**
- ❖ Any change in medication or dosage must be accompanied by a new request completed by you and your physician.
  - ❖ This form must be returned to your child's school before any school personnel can assist your child in taking medication.
  - ❖ Per EC 49480, the district nurse, or designee, with the consent of the parent or legal guardian, may communicate with the physician and other school personnel regarding the effects of the medication on the student's physical, intellectual and social behavior, as well as possible adverse side effects.

\*\* If your family does not have health insurance and you would like information regarding the Medi-Cal/Healthy Families program, call toll free, 1-888-747-1222