OLD ADOBE UNION SCHOOL DISTRICT - SCHOOL HEALTH SERVICES
<u>AUTHORIZATION TO ADMINISTER MEDICATION</u>

Student's Name_____Date of Birth_____Grade_____

School_____School year_____

The California Education Code 49423 provides for any pupil who is required to take, during a regular school day, medication that is prescribed for him/her by a physician, and may be assisted by the school nurse or designated school personnel if the school district has received the following:

❑ Medication must be provided in the original container (**both prescription and over the counter**) and labeled with student's name, medication name, dosage and **expiration (must be current).**

❑ A written statement from the physician detailing the method, amount and time schedule the medication is to be taken, purpose of the medication, signed by the physician.

❑ A written statement from the parent or guardian of the student indicating the desire that the school district assist the student in the matter set forth in the physician's statement, signed by the parent or guardian.

To be completed by the physician

Medication:_____

Purpose of the Medication:_____

Dosage:_____ Method of Administration:_____

❑ As needed ❑ Before lunch ❑ After lunch ❑ At _____o'clock

Possible side effects:_____

Expiration of order:_____

_____	_____
PRINT NAME OF PHYSICIAN	SIGNATURE OF PHYSICIAN

_____	_____
LICENSE NUMBER	DATE

STAMP

To be completed by the parent or guardian

I hereby give permission for the designated school personnel to administer the above medication to my child.

_____	_____
PRINT NAME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN

_____	_____
PHONE NUMBER	DATE

Rev.5/2021

MEDICATION ADMINISTRATION RECORD

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
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Oct																															
Nov																															
Dec																															

Enter in box above: time given, reason code and initials:

Reason Codes: **Name:**   **Initials:**

G = Given   _____   _____

A = Absent   _____   _____

F = Field Trip   _____   _____