



Eureka City Schools

Consent To Administer Medication At School

A NEW AUTHORIZATION WILL BE REQUIRED EACH SCHOOL YEAR AND FOR ANY CHANGE IN THE MEDICATION ORDER. IN ACCORDANCE WITH EDUCATION CODE SECTION 49423 AND CALIFORNIA DAY CARE LICENSING REQUIREMENTS, I HEREBY AUTHORIZE EUREKA CITY SCHOOLS DISTRICT TO ASSIST MY STUDENT IN TAKING THE FOLLOWING MEDICATIONS WHICH MUST BE ADMINISTERED AT SCHOOL.

NOTE: Medication must be brought to school in the **original pharmacy container** with Student's name printed and instructions on the label. Please ask the pharmacy to fill the prescription in duplicate containers, one for school and one for home.

TO BE COMPLETED BY PHYSICIAN (PROVIDER)

Student's Name: _____ DOB: _____

Name of Medication: _____ Dosage: _____ Exp. Date: _____

Amount To Be Given: _____ Time To Be Given: _____
(For example: one tablet, one drop, etc.) (For example: noon, before lunch, w/ lunch, before PE, etc.)

Route Of Administration: _____ Duration Needed: _____
(For example: by mouth, via GI tube, etc.) (For example: days, daily, until end-of-school year, etc.)

To Be Carried By Student: Y N

Additional Instructions: _____

(Please Print)

Physician Recommending/Prescribing: _____

Address: _____ City: _____ Phone: _____

Physician's Signature: _____ Date: _____

GIVE TO PARENT OR FAX TO SCHOOL: _____

TO BE COMPLETED BY PARENT: I give permission for the Nurse or other trained designated school employee to communicate with the above named physician regarding my child.

I release school personnel from liability should reactions result from medications. In case of anaphylactic reaction, follow up care and transportation are to be as follows:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Cell phone: _____ Work phone: _____ Home phone: _____

Complete the following ONLY if medication is to be carried by student:

My son/daughter has been instructed in the proper use of the above listed inhaler and has my permission to use medication as ordered by his/her physician. I understand that sharing medication with others will result in disciplinary actions.

PARENT/GUARDIAN: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____