Permission for Prescription Medications

In accordance with California Education Code section 49423, this form must be completed by an authorized California healthcare provider and be on file for any student who requires medications(s) during the regular school day or on a school field trip.

Student Name: _____

Date of Birth: _____

List Prescription Medications:

	Name of Medication	Method of Administration	Dosage	Approx. Time of day	Discontinue Medication on:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Student is authorized to carry, and is able to self-administer prescription for asthma or diabetes
(authorized licensed healthcare provider initials: _____).

Student is authorized to carry, and is able to self-administer auto-injectable epinephrine independently
(authorized licensed healthcare provider initials: _____).

_____

Authorized Healthcare Provider Name (Print) Signature Date