EVERGREEN
SCHOOL DISTRICT
SAN JOSE, CALIFORNIA
EST. 1860

3188 Quimby Rd. San Jose, CA 95148

PERMISSION / INSTRUCTIONS TO ADMINISTER MEDICATION

School _____ School Year _____

Dear Parent/Guardian,

California Education Code 49423 states that before medications can be administered during school hours it is necessary to have specific written orders from your physician and written parental authorization. This form needs to be completed to comply with this code. Medication must come in its original labeled container and brought into the Health Office by parent/guardian. Medication will be kept in the Health Office and administered by a designated school staff member unless otherwise directed by the physician.

Student _____ DOB _____ Teacher /Grade _____

To Be Completed by Physician

The above named student is under my medical supervision for the following condition which necessitates that the student takes medication at school: _____

_____

Name of medication: _____ Dosage: _____

Time to be given at school: _____ Route: _____

Observable adverse reaction: _____

Permission for student to carry and self-administer medications during school hours

***Initial if required**

(____) The student's medical condition necessitates that he/she carry and self-administer this medication during school hours or as needed. I verify that this student has been instructed in proper administration of this medication and understands the purpose and appropriate method/frequency of use.

Physician's Signature: _____ Printed Name/Stamp: _____

Phone Number: _____ Fax #: _____

To Be Completed by Parent/Guardian

Please check the following:

☐ I give my permission for designated school staff to administer the above medication as prescribed.

☐ I give my permission for the Credentialed School Nurse to contact the above physician about my child's medication needs.

☐ If indicated by physician my child may self-administer the above medication as prescribed.

Parent/Guardian's Signature _____ Date _____

THIS FORM MUST BE COMPLETED EACH SCHOOL YEAR

D-189 *Revised 1/01*

Clear Form