



251 Airport Road • Oceanside CA. 92058 • Phone: 760-721-1706 • Fax: 760-721-9872

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION

California Education Code Section 49423 allows the school nurse or other designated non-medical school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school and to maintain or improve his/her potential for education and learning.

I request that medication be administered to my child in accordance with our authorized health care provider written instruction. I understand that designated non-medical school personnel may assist in carrying out written orders under supervision of a qualified school nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing authorized health care provider. I give permission for the school nurse to exchange medication-related information with the authorized health care provider. The school nurse may counsel appropriate school personnel regarding the medication and its possible effects.

Parent/Guardian (Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All medication must be in the student's original, labeled pharmacy container. The directions for administration on the school container must be in English.

AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION (Prescription must match medication container)

Reason for medication (diagnosis): \_\_\_\_\_
Medication/Strength: \_\_\_\_\_
Directions (Please include time to be given): \_\_\_\_\_
Special Instructions: (crushed/or with food): \_\_\_\_\_
Possible medication reactions: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date to discontinue medication: \_\_\_\_\_ (Must have physician's order to discontinue medication)

Authorized Health Care Provider Signature
Care Provider's Name
Medical License Number DEA #

Address:
Phone Number:
Please stamp with office stamp

The above medication cannot be scheduled for other than during school hours and non-medical school personnel may assist with the administration under the supervision of a qualified school nurse.

THIS REQUEST IS VALID FOR ONE YEAR FROM DATE SIGNED