

AUTHORIZATION FOR MEDICATION TO BE GIVEN AT SCHOOL

TO BE COMPLETED BY PARENT BEFORE GIVING FORM TO DOCTOR

In order for school personnel to dispense any type of medication to your child, the District is required to have an authorization on file from the child's physician and also signed by the parent/guardian of the student. (California Education Code, Section 49423).

Medication must be in the container in which it was purchased with a pharmacy label attached. No medication (including over-the-counter medication and supplements) will be given at school without a current prescription from a California licensed physician.

Student's Name _____ Birthdate _____

Teacher's Name _____ School Year _____

I approve of this authorization for medication to be given to my child by school personnel.
I hereby give my permission for the exchange of information regarding my child's medication between

_____ and Brittan School.
Physician's Name

Signature of Parent/Guardian Date

Name of medication to be given at school _____ Time to be given at school _____

Form must be renewed at the beginning of every school year or whenever the prescription changes.

PHYSICIAN'S ORDER (To be completed by health care provider) **Only one medication per form**

Name of medication _____

This medication is a controlled substance Yes No

Dosage _____ How Often _____

Time of Day _____ Duration _____

Possible side effects _____

- Student has been instructed by physician in self-administration and may carry the inhaler with them
- Student is to keep the inhaler in the school office

Additional instructions from physician _____

Print Name of Physician Signature of Physician

Address Phone Date