

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PRESCRIPTION OR OVER THE COUNTER MEDICATION CONSENT FORM**

**TO BE COMPLETED BY PARENT:**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Parent's Work/Cell Phone \_\_\_\_\_

This form must be completely filled out and signed each school year by the child's parent/guardian and the child's authorized health care provider before the child can be assisted with the administration of medication by District personnel at any school site.

**TO BE COMPLETED BY HEALTH CARE PROVIDER:**

\_\_\_\_\_  
Name of the Medication                      Dosage                      Route                      Schedule or Time the Medication Is Given

\_\_\_\_\_  
Purpose of the Medication                      Duration

\_\_\_\_\_  
Special Instructions: (i.e. storage, restrictions, and important side effects)

\_\_\_\_\_  
Name of the Medication                      Dosage                      Method                      Schedule or Time the Medication Is Given

\_\_\_\_\_  
Purpose of the Medication                      Duration

\_\_\_\_\_  
Special Instructions: (i.e. storage, restrictions, and important side effects)

Medical Office Stamp



\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

Pursuant to Education code Section 49423, I authorize the teacher, principal, district nurse, health clerk or other designated school personnel to assist with medication administration for my child according to the prescription/dosage instruction listed above.

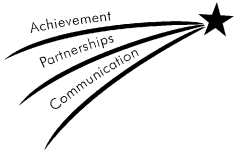
**I UNDERSTAND AND AGREE TO:**

1. assume responsibility for getting my child's medication in its original prescription container, supplies, and equipment to the school office
2. inform the school site personnel in writing of any important information or special instruction related to the administration of medication to my child
3. immediately inform the school site personnel of any change in my child's regimen or authorizing health care provider and I am willing to complete a new form
4. make certain that my child takes responsibility for taking the medication as prescribed
5. split medication for correct dosage at home
6. pick up all medication at the end of the school year
7. this document provides a release for the district nurse or other designated school personnel to consult with the prescribing health care provider and/or pharmacist regarding the medication

**I HAVE READ AND UNDERSTOOD THIS FORM AND CONSENT TO THE ABOVE PROVISIONS.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_  District Nurse  Site Administrator



School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RE: PRESCRIPTION OR OVER THE COUNTER MEDICATION ADMINISTRATION CONSENT FORM**

Dear Parent/Guardian:

Parents of students who require the administration of medication during the school day must have a **PRESCRIPTION OR OVER THE COUNTER MEDICATION ADMINISTRATION CONSENT FORM** on file in the school office.

This form must be completely filled out each school year and signed by the parent/guardian and the child's health care provider before the child can be assisted with the administration of medication by the district personnel at the school site. The authorized health care provider must be licensed in California.

It is the parent/guardian's responsibility to provide the school site with all necessary information and special instructions in writing related to the administration of medication to their child. The parent/guardian must immediately notify the school in writing of any changes in the child's regimen or authorizing health care provider. It is also the child's responsibility to follow the health care provider's recommendations and instructions related to taking the medication (i.e., the child is responsible for going to the office at the prescribed times).

In signing the **PRESCRIPTION OR OVER THE COUNTER MEDICATION ADMINISTRATION CONSENT FORM**, the parent/guardian gives permission to the district nurse or other designated school personnel to communicate with the health care provider and /or pharmacist of the pupil regarding any questions that may arise with regard to the medication.

Medication must be in its original container and brought to school by the parent/guardian, or an adult designee. All controlled medication will be counted and recorded on a medication log when delivered to school.

**ALL** medication must be picked up by a parent/guardian or adult designee at the end of the school year. **NO** medication will be given to a student to take home. Medication left in the school office at the end of the school year will be discarded.

If you have any questions, please contact the school office.