AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION ADMINISTRATION FORM

STUDENT	NAIVIE		GRADE/PC	JD	SCHOOL		
Parents of si school hours parent cons	s by school staff ent and 2. Medio	ing non-prescript are required to p cation must be so	provide the school upplied in the origin	with the follo nal packaging	on to be given to their child during owing information: 1. A signed s.		
		(Pa			f Medication		
<u>Medication</u>	<u>Dose</u>	<u>Time</u>	<u>Route</u>	<u>Reason</u>	for Medication or Medical Condition		
 I request to also request. I will notified. If medicated. I give permodel. Legally, I medicated. 	hat the above presc lest the medication y the school of any o ion is non-prescripti nission for the medi nay refuse to sign fo	Paren cription medication be given on field trip change in the medication, this signature allocation to be given by the medication. If	nt/Guardian Authorized given during school had been during school had been during school had been during so gives permission to a sy school personnel as differences of the second second personnel as differences of the second s	ration nours as ordered ge, medication is administer that is elegated, traine I not be able to a	medication. d, and supervised by the school nurse. administer the medication at school.		
	rent/Guardian Signa		ling a written notice to the ling a written notice to the line of		Relationship to Student		
medication 2. I give permitisted med 3. I give perm	Permission for Release of Information give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and nedication(s) my child is taking. give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the sted medication(s) or medical condition(s) my child has. give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical ondition(s) to the licensed school nurse.						
,	s) to the licensed sc		iber to release illiornia	tion related to t	ne above medication(s) and medical		

${\bf AUTHORIZATION\;FOR\;\underline{PRESCRIPTION}\;MEDICATION\;ADMINISTRATION\;FORM}$

STUDENT NAME		GRADE/PO	D	SCHOOL						
Parents of stu staff are requ parent conse	ired to provide the nt 3. Medication mu	school with the following in ust be supplied in the origin	nformation: 1. The Inal pharmacy labeled							
	 Please Note** IF these meds are not picked up at the end of the year we will destroy them if expired (Parent Initials) Expiration Date of Medication 									
Physi	sian/licensed r	eroscribar's order for	Madication Ad	ministration by School						
FIIYƏI	Clair/ IICEIISEU P	Person		ministration by School						
<u>Medication</u>	<u>Dose</u>	Time Route		r Medication or Medical Condition						
Other consider	rations/directions:									
		Sto	p date: ing the summer school	ol session.)						
Signature of Ph	ysician/Licensed Prescribe	Print name of Physician/L	icensed Prescriber	Date						
Clinic Addr	ess	Phone		Fax						
 I request that the above prescription medication be given during school hours as ordered by my child's physician/licensed provider. I also request the medication be given on field trips, as prescribed. I will notify the school of any change in the medication, (i.e. dosage change, medication is stopped, etc.). If medication is non-prescription, this signature also gives permission to administer that medication. I give permission for the medication to be given by school personnel as delegated, trained, and supervised by the school nurse. Legally, I may refuse to sign for the medication. If I refuse to sign, we will not be able to administer the medication at school. This consent may be revoked at any time, by sending a written notice to the licensed school nurse. 										
Pare	nt/Guardian Signature	Date		Relationship to Student						
medication 5. I give perm listed med 6. I give perm condition(s	n(s) my child is taking. nission for the school nu ication(s) or medical cor nission for the physician, s) to the licensed school	orse to consult with my child's phondition(s) my child has. /licensed prescriber to release in I nurse.	with school staff about r ysician/licensed prescrib formation related to the	my child's medical condition(s) and per about any questions regarding the e above medication(s) and medical						
Parei	nt/Guardian Signature	Date	3	Relationship to Student						