AUTHORIZATION TO ADMINISTER PRESCRIBED and OVER-THE-COUNTER MEDICINE

STUDENT INFORMATION

Student's Legal Last Name | **First Name** | **MI** | **Grade**

Address | **Phone**

In accordance with California Education Code 49423, students in need of assistance with **Prescribed and Over-the-Counter** medication during the regular school day must have on file: (1) a written statement from the physician and (2) a written statement form the parent or guardian. The forms below must be completed and on file in the school before a child can be given the prescribed medication. This request must be renewed yearly or when there is a change of medication or dosage.

For the Physician: please list the name of the medication, dose, method of administration (eg oral, self-administered prescribed auto injector or inhaler, etc.), time it is given, and possible side effects. Medication can not be dispensed at school without a formal request signed by a doctor and parent.

Name of Medication	Dosage (how much)	Method of Administration	Times Given	Possible Side Effects

PHYSICIAN'S AUTHORIZATION TO TAKE ABOVE INDICATED MEDICATION

Physician's Stamp Required:

Physician's Name: _____

Physician's address: _____

Physician's Telephone Number: _____

Begin Date: _____ **End Date:** _____ **Physician's Signature:** _____

PARENT/GUARDIAN'S AUTHORIZATION FOR SCHOOL PERSONNEL TO ADMINISTER ABOVE INDICATED MEDICATION

I relieve school personnel from any liability for any untoward reactions resulting from administering this medication. I authorize my child to self-administer prescribed auto-injectable epinephrine, or self-administer a prescribed inhaler, if indicated in the above-signed physician's authorization, as applicable.

Supply of medication must be delivered to the school by a parent or parent designee in a container labeled by the pharmacist. The label is to include the students name, doctor's name, name and dosage of medication. Changes in dosage or time of administration must be verified, in writing, by the physician. Permission is granted to school officials to communicate with the physician as needed.

I understand that, whenever possible, the medication should be scheduled for a time when the child is not in class. There are no health professionals available to give medications.

Parent/Guardian Printed Name | **Parent/Guardian Signature** | **Date**

Name of school personnel: | **Date received:**

The Golden Oak Montessori Policy on Administration of Medications, Anti-Seizure Medication, Emergencies and Head Lice is available online at www.goldenoakmontessori.org/parentportal.