

CARLSBAD UNIFIED SCHOOL DISTRICT
HEALTH SERVICES
AUTHORIZATION FOR MEDICATION ADMINISTRATION
(Education Code Section 49423)

This form is valid for school year _____ to _____ only.

I, the undersigned, as legal parent/guardian of _____
birthdate _____ attending _____ school request that the following
medicine(s) _____ be made available to my child at the times
prescribed _____

I understand that only personnel authorized by the school will assist my child in taking the medicine(s) as directed by my physician.

I will provide the medicine(s) **in the prescription container(s)**, which is/are labeled with the name of my child, the prescribing physician name, and amount of medication prescribed.

If any of the conditions in the Physician's Statement change, a new form must be signed by the parent/guardian and the physician.

Prescription and nonprescription medications are not permitted to be taken at school without a written statement from the physician **and** a written statement from the parent indicating desire that the district assist the student as set forth in the physician's statement below.

Signature _____ Date _____

Home Address _____ Work telephone _____ Home telephone _____

This portion to be completed by a physician licensed in the State of California.

	Name of Medication	Method of Administration	Dosage	Approx. Time of Day
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____

2. Discontinue Medication #1 on _____ and Medication #2 on _____

3. Diagnosis _____ Reason for giving medication _____

4. Type of Assistance for Administering Medication (Observe, measure, etc.) _____

5. Precautions for Administration or Storage of Medication _____

6. Do you wish to have school personnel contact you at intervals to discuss this medication: Yes No
Please indicate: Person(s) _____ Intervals _____

(Teacher/Resource Nurse
M.D.)
_____ Daily, Weekly, Quarterly, etc.
Printed Name of Physician Medical License Number Telephone Number

Signature of Physician _____ **Date** _____

The Procedure covering prescription and **nonprescription** medication listed on this form will be expedited under the following conditions:

1. Only medication prescribed by the pupil's physician as being necessary to be taken by the pupil in the manner listed on this form should be brought to school. (Written parent permission also required.)
2. Such medication should be taken by the pupil in accordance with instruction from the physician as listed on this form.
3. Medication brought to school to be given to the pupil according to the provisions listed on this form should be in its **prescription containers** which are clearly marked with the name of the pupil; the name of the prescribing physician; the druggist who dispensed the medication or the manufacturer; and the amount of the medication to be taken at specified times or in specific situations, etc. (Parents may want to ask the physician for a prescription for a duplicate supply, one for home and one for school.)
4. All medication will be kept in a secure place. Any special instructions for storage or security measures of any medication should be written by the physician and given to school personnel so that such instructions can be followed.
5. Parent or **designated adult** shall deliver the medication **and** the completed form to the school health office.
6. A new medication authorization must be renewed for each **school** year if a continuance of medication is necessary.
7. Controlled substances will be counted and signed for by health technician and person delivering the medication.
8. When a physician prescribes over-the-counter or non-prescription medication, it should be kept in its original container.
9. Homeopathic medicines, herbs, and vitamins require a medical authorization form completed by your physician.