

Milpitas Christian School School Medication Authorization Form

Student: _____ Date of Birth: _____
Teacher _____

Signature of both physician and parent/guardian are required. This form must be renewed with any change in medication or in the event the *date to stop medication* has passed and medication is still needed.

California Ed Code 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school or maintain or improve the potential for education and learning. **BE ADVISED:** Milpitas Christian School does not employ a school nurse.

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.

To be completed by the physician (one medication per form):

Name/strength of medication: _____

Reason for administration/diagnosis: _____

Dosage: _____ How often? _____

Time to be given at school: _____ Route: _____

Special instructions (i.e. storage, side effects): _____

Date to stop medication: _____

Printed Name of Licensed Physician

Signature of Licensed Physician

Address

Phone

Date

License #

To be completed by parent/guardian before giving form to doctor:

I request that designated school personnel assist my child in taking this prescribed medication (including prescribed over-the-counter medication). I agree to, and do hereby hold the school and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this medication. I understand that my child may not have nor take medication at school unless all requirements are met. I hereby give consent for designated school personnel to communicate with my child's physician and counsel school personnel as needed with regard to this medication. I will immediately notify the school if there are any changes in medications my child is taking at school.

Parent/Guardian Signature

Date

Phone (emergency)