

Milpitas Unified School District

PERMISSION AND INSTRUCTIONS TO ADMINISTER MEDICATION DURING SCHOOL HOURS

Dear Parent/Guardian:

Before medication can be administered during school hours, it is necessary to have specific written orders from your physician and written authorization from you. The school **MUST** be notified of any changes of medication administered at school. In addition, we ask that you notify us of any changes in the medication administered at home that might affect your child's behavior at school. **Medication must be in a pharmacy labeled container with the student's name clearly visible.** Permission must be renewed each school year. Over-the-counter medication will be given only if prescribed by a physician or dentist and in the original container. (California Education Code Section 49423)

Student: _____ DOB: _____ School: _____

To Be Completed By Physician

The above named student is currently under my care and receiving medication(s) for the following condition(s):
(It is necessary for the student to take medication during school hours)

Condition(s): _____

MEDICATION TO BE ADMINISTERED AT SCHOOL DURING SCHOOL HOURS:

Medication: _____ Route: _____

Dose: _____ Amount: _____ Time: _____

Observable adverse reactions that might be seen at school: _____

MEDICATION WILL CONTINUE FOR: _____ Days _____ Months Until: _____

The school reserves the right to contact the doctor regarding clarification if you are not available

NOTE TO PARENT: It is your responsibility to provide the required medication(s) in individually labelled prescription container(s). Renewal is required for prescription changes and at the beginning of each school year.

AUTHORIZING SIGNATURES: PERMISSION TO ADMINISTER THE ABOVE MEDICATION(S) IS HEREBY GIVEN TO THE INSTRUCTIONAL/SCHOOL STAFF AT: _____

(School)

Physician's Signature: _____

Date: _____

Physician Name: _____

Phone: _____

(Please print)

Parent/Guardian
Signature: _____

Date: _____