



MEDICATION AUTHORIZATION FORM

Student: _____ DOB: _____

Does not take any medications

MEDICATION TO BE GIVEN DURING SCHOOL HOURS *Requires physician signature*

Please make every effort to time your child's medication to be given at home and not during school hours. See back of form for medication instructions. FYI - Over the counter meds require a physician authorization

Medication Name	Dosage (* Specify exact mg if tablet or mg/ml if liquid)	Time(s) to be given	Route	Reason for Medication / Special Instructions

HOME MEDICATIONS *May attach medication list signed by physician if additional space needed*

Medication Name	Dosage (* Specify exact mg if tablet or mg/ml if liquid)	Time(s) to be given	Route	Reason for Medication / Special Instructions

Disaster medications *Requires physician signature*

- All home medications listed above should be administered by staff during a natural disaster or community emergency
- Administer only the following home medications as listed above in the event of a natural disaster

Signatures below indicate that the parent/guardian and physician understand that, if the school nurse or other licensed nurse is not available, the physician delegates the administration of medications written above, within limits of current law, to trained designated unlicensed school personnel. The physician reserves the right to designate, and specify above, any medication to be given only by a licensed nurse. Parent/guardian consents for the school nurse to communicate with the child's physician and counsel school personnel on the possible effects of the child's medication.

Signature of Parent/ Guardian: _____ Date: _____

Name of Physician: _____ Phone : _____
Fax : _____

Signature of Physician: _____ Date: _____



Medications To Be Given At School

Students who need to receive medications at school must have the following:

1. A **signed** order from the physician which includes the name of the medication, dosage, and time to be given. Attached form must be returned to:

Marchus School CEP
2900 Avon Avenue
Concord, CA 94520

Orders can be faxed directly to the school nurse at 925-689-9128.

2. The medication must be in a labeled container from the pharmacist.
3. If the medication is changed during the school year, a new medication form must be signed, and a new labeled container from the pharmacist must be sent to school.
4. All medications sent to school must be given to the school bus driver who will give them to a responsible adult at school. **No** medications should be placed in the backpacks.

It is required that the parent or legal guardian fill out and sign the form on the reverse side stating whether or not the child receives regular medication at home in addition to medication the child may receive at school. **We also need a written order from the doctor for across the counter medications given to the school such as Tylenol, aspirin, decongestants, etc., which should be kept in the original bottle.** If you have any questions, please contact Meg Murray RN, School Nurse at 925-602-3422.

California Education Code 49480: “The parent or legal guardian of any public school pupil on a continuing medication regimen for a non-episodic condition shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child’s physical, intellectual, and social behavior, as well as behavioral signs and symptoms of adverse side effects, omission or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.”

CA Code of Regulations, Title 5, Article 4.1, Section 600. Authorization: “Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

- (a) The pupil’s authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.
- (b) The pupil’s parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider’s written statement.”