

GCC School Medication Authorization Form

Name of Child: _____ Date of Birth: _____

School: _____ Phone: _____ Fax: _____

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 student to remain in school or maintain or improve the potential for education and learning.

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 health care provider.

TO BE COMPLETED BY PARENT

I request that my child _____, be assisted in taking the below prescribed medication at school by authorized persons. I will comply with the school's policies or procedures. I will notify the school if there are changes in my child's health status, changes in medication, or change in health care provider.

I authorize the exchange of information between my child's physician, District Nurse, or site administrator with regard to this medication request.

It is the parent/guardian's responsibility to furnish the medication. The parent/guardian agrees to pick up expired or unused medication within three days of the end of the school year.

Parent/Guardian Signature

Date

Phone (home)

Phone (emergency)

****Physician's Order (To be completed by health care provider) ONLY ONE MEDICATION PER FORM****

Name of medication/strength of tablet, capsule or liquid _____

This medication is a controlled substance: yes or no (circle one)

Dosage: _____ How often? _____

Time to be given at school: _____ Route to be given: _____

Reason for Medication/Diagnosis: _____

Possible side effects: _____

___ Student has been instructed by physician in self-administration and may carry their inhaler with them.

___ Student has been instructed by physician in self-administration and may carry the Epi-Pen with them.

Additional Comments: _____

It is necessary for this medication to be taken during the school day at the time (s) indicated above.

Print Name of Licensed Health Care Provider

Signature of Licensed Health Care Provider

Address

Phone

Date

Form must be renewed every 12 months or whenever the prescription changes.