

TULARE COUNTY OFFICE OF EDUCATION
SCHOOL HEALTH PROGRAMS
(559) 651-0130, #3730

MEDICATION IN SCHOOL

SCHOOL:	Address:	Phone:	FAX:
Student's Name:	Date of Birth:	Grade:	Teacher:

California Education Code 49423 states that medication may be given at school, when absolutely necessary for adequate treatment of the child, with the following provisions:

1. A request in writing signed by the parent.
2. An order in writing from the physician giving instructions for medication - the type, dosage, and method of administration. Time limit must be stated, such as: order effective 3 mos., 6 mos., etc.
3. **Medication must be clearly labeled and in the original and current prescription container.**
4. Form is valid only for the current school year.

Please COMPLETE for ALL Medications:

Medication is absolutely necessary at school for the following reason: _____

Precautions or Side Effects: _____

Medication:	Dosage and Frequency:
Route:	Time(s) to be given at School:

For Asthma Inhalers or Auto-Injector Epinephrine

Student has been instructed by physician and **may** carry and administer his/her asthma medication. ☐ Yes
☐ No

Student has been instructed by physician and **may** carry auto-injector epinephrine (EpiPen). ☐ Yes
☐ No

Health Care Provider Signature

Date

Health Care Provider Name/Address (Please Print)

Telephone

I give consent for school personnel to provide medication as ordered for my child. I also give consent for the school nurse and my child's medical provider to exchange medication information regarding my child. I will notify the school if there are changes in my child's health status.

Parent/Guardian Signature

Date

For the safety of your child, this form MUST BE COMPLETED and RETURNED to the school nurse or administrator by parent or physician. All medications must be in the original container.

