



St. Junipero Serra Catholic School
23652 Antonio Parkway
Rancho Santa Margarita, CA 92688
Phone (949) 888-1990
FAX (949) 888-1994

Medication Administration Authorization

School Year: _____

Physician Request for Administration of Medication

Student's Name: _____ DOB: _____ Grade: _____

Diagnosis/Reason for Medication: _____

Medication: _____ Dose: _____ Time: _____

Possible Reactions (possible serious reaction with this medication, i.e. allergic reactions, localized/systemic, drowsiness): _____

Instructions for Emergency Care: _____

Disposition of pupil following administration of medication: (please check one)

☐ Rest ☐ Home ☐ M.D.'s Office ☐ Hospital ☐ Return to Class

The above medication cannot be scheduled for other than during school hours and this medication may be administered by non-medical personnel.

Physician's Signature

(Office Stamp)

Address

Telephone

Date

Date of Request

Discontinue Date

This request is valid for the designated school year only.

Parental Authorization: St. Junipero Serra Catholic School recognizes the desirability of following a physician's recommendation as nearly as possible. In so signing, parents or guardians agree to hold the school and/or its personnel/volunteers free from any or all suits which might arise out of these arrangements.

All medication supplied by the parent/guardian must be in the original pharmacy bottle or over-the-counter container and must indicate the student's name, dosage, frequency and physician. All medication must be kept in the Health Room.

As a parent/guardian of _____, I request that the medication indicated on this form be administered to my child in accordance with the written instructions of the child's physician.

Signature of Parent/Guardian

Date