



School Medication Permission Form (CEC 49423)

This form must be completed fully in order for schools to administer the required medication. A new Medication Permission form must be completed each school year for each medication, and whenever there is a change in the pupil's authorized health care provider, or a change in the medication dosage, method by which the medication is required to be taken, or date(s) or time(s) the medication is required to be taken.

Health Care Provider (HCP) Authorization

Student Birthdate School Grade
Medication Name: Strength:

[] Tablet/Capsule [] Liquid [] Injection [] Topical

Required Dose Time(s) to be given at school: [] AM [] PM

If PRN, frequency: If PRN, for what symptoms:

Reason for giving medication:

Relevant side effects: How soon can dose be repeated?

Medication shall be administered from: to []
Remainder of school year Month/Day/Year Month/Day/Year

Additional Instructions:

Prescriber's Name/Title:

Telephone:

Fax:



Dr./Clinic Stamp

Prescriber's Signature: Date:

Parent/Guardian Consent

I give consent for school personnel to administer the above medication to my child per the instructions of the above Health Care Provider (HCP). I give my consent for exchange of information and communication directly between the HCP listed above or dispensing pharmacist and a Sunnyvale District School Nurse, regarding the HCP's written statement or any other questions about the medication or medication administration. I understand that I may refuse consent for this permission at any time by notifying the school principal in writing. I understand and agree to the following responsibilities regarding medication administration:

- Prescription medication must be in a container labeled by the pharmacist or healthcare provider.
• Non-prescription medication must be in the original container with the label intact
• An adult must bring the medication to the school and pick up any outdated or unused medication.
• Pill splitting must be done by parent/guardian prior to providing medication to school officials.
• Parents/Guardians provide all materials or necessary equipment (e.g. measuring spoon, pill crusher) for medication administration.
• Parents will notify the school nurse or administrator and provide new consent for any changes to the above authorization.
• Any modifications or changes to the above authorizations may only be made after written notification is received from the HCP.

Parent/Guardian Signature

Daytime Phone

Date

Approved by: District Nurse's Signature

Date