MEDICATION AUTHORIZATION

RETURN COMPLETED FORM TO SCHOOL WITH GUARDIAN AND HEALTH CARE PROVIDER SIGNATURES

Student's Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____ **Room/Teacher:** _____

PARENT/GUARDIAN AUTHORIZATION:

When the district has received written orders from the student's physician and written permission from the parent/guardian, designated personnel shall assist students who are required to take medication during the school day. All medication must be delivered to the school by the parent/guardian in an **original container and appropriately labeled** by the pharmacy. Parents/guardians can request that the pharmacist dispense two bottles of medication, one for home and one for school. Written permission must also be provided for students to carry and self-administer prescribed medication such as asthma inhalers and EpiPens. (CA Education Code 49423; BUSD Board Policy 5141.21).

I request and authorize designated school personnel to assist my child with medication administration in accordance with our health care provider's written instructions below. I will notify the school immediately and submit a new form if there are changes in any of the information provided. I authorize school personnel to consult with our Health Care Provider about my child's medical needs as necessary. I understand that I can terminate this consent at any time.

Parent/Guardian signature: _____ Date: _____

Telephone: (home) _____ (work) _____ (cell) _____

HEALTH CARE PROVIDER AUTHORIZATION:

Name of Medication or Treatment	Reason	Dosage	Route	Time	Refrigerate? (Y/N)	Self-Administer?	Self-Carry ? (Y/N)
						❑ No ❑ Yes, supervised ❑ Yes, unsupervised	
						❑ No ❑ Yes, supervised ❑ Yes, unsupervised	
						❑ No ❑ Yes, supervised ❑ Yes, unsupervised	
						❑ No ❑ Yes, supervised ❑ Yes, unsupervised	

Diagnosis/Significant Findings: _____

Allergies (Medication and other substances): _____

Health Care Provider signature: _____ Date: _____

Address: _____ Telephone: _____

This request is valid for a maximum of one year.