

**Pleasant Hill Christian School**

**Authorization for Administration of Medication**

The California Education Code provides for any pupil who is required to take medication prescribed by a physician during the regular school day if the following is received:

1. A written statement from the physician including name of student and medication, dosage and time to be given.
2. A written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil with the medication, as outlined by the physician.
3. Medication must be in the original prescription or over the counter bottle.
4. This release is valid for one calendar year.
5. Any medication remaining at the end of the year must be picked up by the parent or it will be discarded.

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

The following medication has been prescribed for the student named above:

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Time: \_\_\_\_\_

Side Effects: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

In signing below the parent or guardian gives permission for school personnel (trained or untrained) to assist the above named child in taking the medication and gives permission for the physician to exchange medical information with the school, as relevant to the medication.

In signing below, the parent or guardian releases the school and school personnel from civil liability resulting from the above named child taking medication in the manner prescribed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_