

**EAST SIDE UNION HIGH SCHOOL DISTRICT
HEALTH SERVICES**

This form must be completed by a California licensed health care provide and the student's parent/guardian. This permit must be renewed at the beginning of each school year and whenever there is a change in the student's medication dosage or medication administration plan. Students who must carry and self-administer medication on campus must have a "Permission to Carry and Self-Administer Medications on Campus" form along with this authorization on file in the school office.

SCHOOL MEDICATION ADMINISTRATION: PHYSICIAN/PARENT AUTHORIZATION

Student Name: _____ Grade: _____ School: _____
DOB: _____ Parent's daytime phone: _____ Home Phone _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Name of Medicine: _____ / Form: _____
Dose: _____ / Route: _____
If medication to be given at school: at what time?
If medication to be given "when needed" describe indications:
How soon can it be repeated?
Medication administered until: (date)
List significant side effect and any additional information/instructions for school personnel.

It is necessary for this medication to be taken during the school day at the time(s) indicated above.
Medication may be administered by designated school personnel.

Health Care Provider Signature: _____ Date: _____
Health Care Provider Name (stamp or print): _____ License No. _____
Address: _____ Phone: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I understand and agree to the following parent/guardian responsibilities regarding medication administration.

- To provide written authorization to administer medication from my child's authorized health care provider.
- To assume responsibility for delivery of my child's medication, in its original and properly labeled container, to the school office (medication not labeled or in their original container shall not be administered).
- To inform school personnel of any changes in my child's medication plan and provide updated physician/parent authorization as needed.
- To provide school personnel with pills split for accurate dose if necessary, and the appropriate measuring tools necessary for accurate dose measurement (example: teaspoon measure for liquid medicine).
- To pick up all unused medication at the end of the school year.

I authorize school personnel to administer the above medication to my child as ordered by the licensed health care provider listed above. I give permission for the authorized district representative to communicate directly with my child's health care provider, as may be necessary regarding the health care provider's written statement or any other questions about the medication. I understand I may terminate this consent at any time by informing the school district in writing.

Parent/Guardian Signature: _____ Date: _____