

# Tabernacle School

## Authorization for Medication to be Given During School Hours

(This form is to be used for both prescription and over-the-counter medications.)

The administration of medication to students by school staff may be done only in EXCEPTIONAL CIRCUMSTANCES for ongoing health conditions. If the time schedule of the dosage is flexible, parents should make arrangements to provide the medication to their son/daughter outside of the school day.

Parents are advised that we do not have a school nurse.

**Ed. Code. 49423** Any pupil who is required to take during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician statement.

### **The following section is to be completed by the PARENT:**

Child's Name - \_\_\_\_\_ Birthdate - \_\_\_\_\_

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Physician's Name	Address	Phone Number
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I request that my child be assisted in taking the medicines listed below at school by authorized staff persons or permitted to self-medicate her/himself as also authorized by me and my physician (see below).

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Date	Parent's Signature	Phone Number
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### **The following section is to be completed by the PHYSICIAN:**

Diagnosis for which medication is given - \_\_\_\_\_

Name of medication - \_\_\_\_\_

Form - \_\_\_\_\_ Dose - \_\_\_\_\_ Does medication need to be refrigerated? YES NO

Medication is to be given from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Is child allowed to self medicate him/herself? YES NO  
(please circle)

Times when medication is to be given - \_\_\_\_\_

If medication is to be given "as needed", describe conditions - \_\_\_\_\_

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List significant side effects - \_\_\_\_\_

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Physician's Signature

Date