



Kings County Office of Education

Todd Barlow - County Superintendent of Schools

Authorization to Administer Medication

Student Medication - Legal Reference: Education Code Section 49423 "any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school person, if the school district received (1) a written statement from such a physician detailing the name of the medication, the method, amount, and time schedules by which such medication is to be taken, and (2) a written statement from parent, guardian or foster parent of the pupil indicating the desire that the school district assist the pupil in the matter set for in the physician's statement." No other medication is to be administered by the school personnel. This includes all medication available without a prescription. Medication is to be sent in the original container labeled with the name of the students, name of the prescribing physician, name of the medication, time medication is to be taken, dosage, and frequency. A separate form must be completed and included for each medication. It is the parent's responsibility to renew this form at the beginning of every school year.

Student _____ Date of Birth: _____

1. Medication _____ SCHOOL YEAR _____

Duration/Frequency _____ Dose _____ Time _____

2. Side Effects and/or Precautions regarding medication:

Health Care Provider: I am a physician actively licensed by the state of California.

() Initial here if the student has been properly trained and is able to self-administer medication.

Physician Signature _____ Phone _____

Date _____

2. I am the parent/guardian of the above student and I have lawful custody of said child. I hereby give consent to appropriate school personnel to administer or assist in administering medication(s) and/or treatment as specified by his/her health provider. In the event of an untoward, subsequent, adverse reaction, it is understood that the school personnel and the school will not be held responsible or civilly liable for carrying out this request. Furthermore, I hereby give consent to the school to receive from, or send to, the health care provider any information concerning my child's medical condition.

Parent/Guardian Signature _____ Date: _____

Phone Number: _____

3. **** complete this section for medication which student may self-administer.**

Authorization for Self-Administration:

Parent/Guardian: My child has been instructed in the proper dosage and administration of the above medication and has demonstrated the ability to self-administer it. We/I (Parent/Guardian) request that s/he be permitted to self-administer it as directed by our health care provider in compliance with school policy and procedures.

Parent/Guardian Signature: _____ Date: _____

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