San Leandro Unified School District
Health Services
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AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION

School Year: _____

Student's Name: _____ **School:** _____

Date of Birth: _____ **Teacher/Grade:** _____

Parent/Legal Guardian Name: _____ **Phone Number:** _____

In accordance with California Education Code 49423, students in need of any medication (prescribed or over-the-counter) during the regular school day must have (1) a written statement from the physician and (2) a written statement from the parent/legal guardian. This form must be completed and on file at the school before a child can be **assisted** with any medication. Designated school staff, under the supervision of the school nurse, may assist students in taking the medication.

This request must be renewed annually or whenever there is a change in medication dosage. All medication must be brought to the school office, by an adult, in the original container with pharmacy label. For over-the-counter medications, please ensure your child's name is on the container and the medication matches the doctor's order exactly.

Must Be Completed By Healthcare Provider:

Medical Diagnosis: _____

Name of Medication	Dose	Frequency	Indication	Possible Side Effects	Self-Administer?*	Self-Carry?*
					☐ No ☐ Yes	☐ No ☐ Yes
					☐ No ☐ Yes	☐ No ☐ Yes
					☐ No ☐ Yes	☐ No ☐ Yes

***Self-administering/self-carrying of medication applies to asthma inhalers and EpiPens only.** Subject to school nurse approval. Note: For EpiPens, the Food Allergy and Anaphylaxis Emergency Care Plan must also be completed by the healthcare provider and parent/guardian.

Healthcare Provider Signature: _____ Date: _____

Print/Stamp Name of Provider: _____ Phone: _____

Must Be Completed By Parent/Legal Guardian:

I request school personnel to assist with medication delivery as directed above. I relieve school personnel from responsibility for any adverse reactions resulting from administering this medication(s). I understand that whenever possible, the medication should be scheduled for a time when the child is not in class. Permission is granted to the school nurse to communicate with the physician as needed.

Parent/Legal Guardian Signature: _____ Date: _____