

Evergreen School District  
3188 Quimby Rd.  
San José, CA 95148

PERMISSION/INSTRUCTIONS TO ADMINISTER MEDICATION

School \_\_\_\_\_ School Year \_\_\_\_\_

Dear Parent/Guardian,

California Education Code Section 49423 states that before medications can be administered during school hours it is necessary to have specific written orders from your physician and written parental authorization. This form needs to be completed to comply with this code. Medication must come in its original labeled container and brought into the Health Office by parent/guardian. Medication will be kept in the Health Office and administered by a designated school staff member unless otherwise directed by the physician.

Student \_\_\_\_\_ DOB \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

**To Be Completed by Physician**

The above named student is under my medical supervision for the following condition which necessitates that the student takes medication at school: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given at school: \_\_\_\_\_ Route: \_\_\_\_\_

Observable Adverse Reaction: \_\_\_\_\_

**Permission for student to carry and self-administer medications during school hours**

**\*Initial if required**

( ) The student's medical condition necessitates that he/she carry and self-administer this medication during school hours or as needed. I verify that this student has been instructed in proper administration of this medication and understands the purpose and appropriate method/frequency of use.

Physician's Signature \_\_\_\_\_ Printed Name/Stamp \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_

**To Be Completed by Parent/Guardian**

Please check the following:

- I give my permission for designated school staff to administer the above medication as prescribed.
- I give my permission for the Credentialed School Nurse to contact the above physician about my child's medication needs.
- If indicated by physician my child may self-administer the above medication as prescribed.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS FORM MUST BE COMPLETED EACH SCHOOL YEAR

D-189 Revised 1/01