

**ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

Name of Student \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER**

**To the Health Care Provider:** Please complete and sign the center section of this form when prescription or non-prescription medication must be given during school hours. This form is required by Section 11753.1, California Education Code, to authorize school personnel to assist the students with the administration of medications.

Date \_\_\_\_\_

Diagnosis or reason for medication:

Medication prescribed, strength, dosage, time to be taken:

Any special instruction, precautions, or possible side effects:

How long will this medication be necessary?

Signature of Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name of Health Care Provider \_\_\_\_\_

Address \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

**To the Parent or Guardian:** The medication must be delivered to the school in the original pharmacy container. Middle school and senior high school students may bring their medication to the health office. The parent or guardian must bring medication for grade-school aged children.

**Please Sign the Following Statement:** I request that the school assist my child, in taking the medication as directed above, and in accordance with the school policy.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**(Inhaler Form on reversed side)**