**GRIDLEY UNIFIED SCHOOL DISTRICT HEALTH OFFICE**
**1045 Sycamore Street**
**Gridley, California 95948**
**Phone – (530) 846-5659 ~ ~ Fax – (530) 846-4582**

# AUTHORIZATION FOR MEDICATION TO BE GIVEN AT SCHOOL

Pupil Name _____ Birthdate _____ School Year _____

Teacher _____ School Site _____

Dear Parent/Care Provider:

California Educational Code, Section 49423 provides that any pupil required to take medication during regular school days, may be assisted by the school nurse or designated school personnel. **ALL MEDICATIONS WHETHER PRESCRIPTION OR NON-PRESCRIPTION REQUIRE DOCTOR AND PARENT AUTHORIZATION, AND MUST BE IN THEIR ORIGINAL CONTAINERS AND CURRENT PRESCRIPTION BOTTLES.**

(1) Medication to be administered:_____
Dosage: _____ How Often: _____
Time of Day: _____ Duration: _____
Anticipated reactions to medication:_____
_____

(2) Medication to be administered:_____
Dosage: _____ How Often: _____
Time of Day: _____ Duration: _____
Anticipated reactions to medication: _____
_____

The proper use and risk of carrying an **INHALER** or **EPIPEN** on the school premises will be the responsibility and liability of the student and parent.

☐ Check box if doctor feels it is medically necessary for your child to carry the above prescribed **INHALER** or **EPIPEN** with him/her during school hours, and physician has observed and approved student's technique of self administration.

Educational observations of children on medication will be made when necessary. If you desire to receive these reports, please contact the school.

X_____ _____ _____ _____
**Physician's Signature** **Date** **Physician's Printed Name** **Telephone**

I approve of this authorization for medication to be given to my child by school personnel.

X_____ _____ Phone (H) _____ (W) _____
**Parent / Care Provider Signature** **Date**

**PARENT'S AUTHORIZATION FOR EXCHANGE OF INFORMATION**

I hereby give my permission for the exchange of information regarding my child's medication:

_____
Student's Name

between: _____ and _____
(Name of Physician) (Name of School)

X_____ _____
Signature of Parent/Guardian Date