

**AUTHORIZATION FOR PRESCRIBED AND OVER-THE-COUNTER
MEDICATION ADMINISTRATION AT LINFIELD CHRISTIAN SCHOOL**

Name of Student	Date of Birth / / /	Grade	Division (circle one) ES / MS / HS
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Education Code 49423 authorizes that 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 personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

I request prescribed and over-the-counter medication be administered to my student and agree to hold Linfield Christian School, its officers or employees harmless from all liability or claims which might arise out of these arrangements. I give my permission for authorized school personnel to contact the physician for consultation as needed.

Father/Male Guardian Signature	Home Phone	Work Phone	Date
Mother/Female Guardian Signature	Home Phone	Work Phone	Date

**Physician Authorization
One Medication Per Form**

Name of Medicine(s)	Health Condition for which medicine RX
Time(s) to be taken	Dosage
Method of administration	Precaution - Possible reactions
Date to be discontinued	Physician's Telephone Number ()
Name of Physician (Please print)	Date
Physician's Signature	

Please return this form to your child's school health office signed by the physician and the parent or guardian. **No medication will be administered without these required signatures. Please see responsibilities on reverse side.**

ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

School personnel, if authorized by the responsible administrator, may assist students who must take prescribed medication during school hours.

A. GENERAL POLICY

1. No student shall be given medication during school hours except upon written request from a licensed physician/healthcare provider who has the responsibility for the medical management of the student. All such requests must be signed by the parent or guardian.
2. A new form is required for each prescription change and at the beginning of each school year.

B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

1. Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medications.
3. Parents/guardians may administer medication to their child on a schedule basis arranged with Linfield Christian School. Students are not permitted to carry prescribed or over-the-counter medication on campus.
4. Parents/guardians may pick up unused medication from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.

C. RESPONSIBILITY OF THE PHYSICIAN AND PARENT OR GUARDIAN

1. A request form for prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school administrator or his/her designated representative.
2. The container must be clearly labeled by the physician or pharmacy with the following information:
 - a. Student's name
 - b. Physician's name
 - c. Name of medication
 - d. Dosage, schedule and dose form
 - e. Date of expiration of prescription
3. Each medication is to be in a separate pharmacy container prescribed for the student by a California physician.

D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. The school administrator will assume responsibility for placing medications in a secure cabinet.
2. Students will be assisted with taking medications according to the physician's instructions and the procedure.