



Governing Board
 Cynthia Chang
 David Guidry
 Peter L. Hertan
 Rosemary Rossi
 Katherine Tseng
 Superintendent
 Michael Grove, Ed.D.

In accordance with California Education Code section 49423, this form must be completed by an authorized California healthcare provider and be on file for any student who requires medication(s) during the regular school day.

Student Information:

<i>Last Name</i>	<i>First Name</i>	<i>DOB</i>	<i>Grade</i>

<i>School Name</i>	<i>School Phone number</i>	<i>School Fax</i>	<i>School Nurse (if applicable)</i>

TO BE COMPLETED BY AN AUTHORIZED CALIFORNIA HEALTH CARE PROVIDER:

(California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants - California Code of Regulations, Title 5, section 601[a]).

For Unlicensed Volunteer School Employee to administer the above medication: The prescribing California Authorized Licensed healthcare provider is delegating the administration of the medication to an unlicensed volunteer employee who has agreed to administer the medication.

The above named student is currently under my care and receiving medication(s) for the following condition(s):

DRUG: _____ DOSE: _____ AMOUNT: _____ TIME: _____

ROUTE: _____

OBSERVABLE ADVERSE REACTIONS THAT MIGHT BE SEEN AT SCHOOL:

MEDICATION WILL CONTINUE FOR: DAYS MONTHS UNTIL: _____

Authorized Healthcare Provider Name (print)

Signature

Date

License Number Phone Number

Fax Number

Parental Authorization

I authorize the credentialed school nurse or other unlicensed volunteer personnel designated by the responsible administrator, to administer the medication as directed by the authorized health care provider. I understand that the school nurse has my permission to communicate with the prescribing licensed health care provider on matters related to this medication.

Parent/Guardian Name (print)

Signature

Phone Number

Date

Reviewed by Credentialed School Nurse (print)

Signature

Date