

AUTHORIZATION FOR MEDICATION ADMINISTRATION
(Education Code Section 49423)

THIS FORM IS VALID FOR
SCHOOL YEAR 2016-2017
SCHOOL YEAR ONLY

I, the undersigned, as legal parent/guardian of _____
birth date _____ attending Rancho Santa Fe School, request that the following
medicine(s) _____ be
made available to my child at the times prescribed _____.
I understand that only personnel authorized by the school will assist my child in taking the
medicine(s) as directed by my physician.

I will provide the medicines(s) in the prescription container(s) which is labeled with the
name of my child, the prescribing physician name, and amount of medication prescribed.

If any of the conditions in the Physician's Statement change, a new form must be signed by
the parent/guardian and the physician.

Prescription medications are not permitted to be taken at school without a written
statement from the physician and a written statement from the parent indicating desire
that the district assist the student as set forth in the physician's statement below.

I recognize the fact that this is a service or accommodation, which the school is not legally
required to perform. I agree to save and hold the district, its officers, employees or agents,
harmless from all liability, suits or claims, or whatever nature or kind which might arise as
a result of administering the medication in accordance with the instructions approved.

The procedure covering prescription medication listed on this form will be expedited
under the following conditions:

1. Only medication prescribed by the pupil's physician as being necessary to be taken
by the pupil in the manner listed on this form should be brought to school (written
parent permission also required).
2. Such medication should be taken by the pupil in accordance with instruction from
the physician as listed on this form.
3. Medication brought to school to be given to the pupil according to the provisions
listed on this form should be in **prescription containers** which are clearly marked
with the name of the pupil; the name of the prescribing physician; the druggist who
dispensed the medication or the manufacturer; and the amount of the medication to
be taken at specified times or in specific situations, etc. (Parents may want to ask
the physician for a prescription for a duplicate supply, one for home and one for
school.)
4. All medication will be kept in a secure place. Any special instructions for storage or
security measures of any medication should be written by the physician and given
to school personnel so that such instructions can be followed.
5. Parent or **responsible** student shall deliver the medication **and** the completed form
to the school health office.
6. A new medication authorization must be renewed for each **school** year if a
continuance of medication is necessary.

Parent Signature: _____

Date: _____