



School Year: _____

Medication Consent Form

Student name: _____ DOB: _____ Date of Request: _____

Classroom: _____ Teacher: _____

PARENT REQUEST FOR THE AUTHORIZATION OF PRESCRIBED MEDICATION

California Education Code 49480 and PVUSD policy permits the administration of medication by school personnel. Linscott recognizes the desirability of following a physician’s recommendations for medication at school whenever possible.

I request that medication be administered to my child in accordance with our physician’s written instructions. I understand that the medication may be dispensed by a teacher, administrator, or other staff employee, and not a licensed medical practitioner. I will notify the school immediately if there are changes in medication, dosage, time of administration, and/or the prescribing physician. Linscott has my permission to contact my child’s physician if there are any questions regarding this medication.

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION (Prescription or over-the-counter)

Diagnosis / Reason for Medication: _____

Medication: _____ Dose/How Administered: _____ Time: _____

Medication: _____ Dose/How Administered: _____ Time: _____

Medication: _____ Dose/How Administered: _____ Time: _____

Medication: _____ Dose/How Administered: _____ Time: _____

Medication: _____ Dose/How Administered: _____ Time: _____

Medication: _____ Dose/How Administered: _____ Time: _____

Possible reactions to be reported to physician: _____

Disposition of pupil following administration of medication: rest, home, Dr. visit, hospital, return to class, Other: _____

The above medication cannot be scheduled for other than during school hours and such medication may be administered by school personnel whenever necessary.

Physician’s Name (print): _____ Physician’s Signature: _____

Physician’s Address: _____ Physician’s Phone: _____

To be administered throughout the school year (August-June) **OR** Discontinue Date: _____

Guidelines:

- Prescription medication MUST have a label with student name, dosage and time of day the student needs to take it. **Include the box or container that has the label if it is not located on the item (such as inhalers).
- Both Prescriptions AND over-the-counter meds MUST be in the original container. Bringing medication in plastic bag or envelope will NOT be accepted.
- Students MUST not have this medication in their backpack, desk or pockets while on campus. All medication must be kept in the main office for dispensing.

