

DAVILA DAY SCHOOL

Parent/Guardian & Physician Request for Medication

**PARENT REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION
AND NON-PRESCRIPTION MEDICATION**

California Education Code Section 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day.

I request that medication be administered to my child, _____
DOB ___/___/_____, in accordance with our physician's written instructions. I understand that designated school personnel will administer medication under supervision of a qualified School Nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

Parent/Guardian Signature: _____ Date: ___/___/___

Telephone: (Home/Cellular)_____ (Work)_____

Medication MUST be in the students' original California labeled pharmacy or unopened over-the-counter container, prescribed by a California Licensed Physician, filled in the United States.

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

Medication	Method of Administration	Dosage	Approx. Time
#1			
#2			

Discontinue Medication #1 on _____ (date) Discontinue Medication #2 on _____ (date)

Any Precautions for Administration or Storage of Medication: _____

_____, M.D. _____ / _____ / _____
Printed Name of Physician Medical License Number Date

_____, M.D. _____
Signature of Physician Telephone Number/ FAX Number

