CAMPBELL UNION SCHOOL DISTRICT
MEDICATION ADMINISTRATION AT SCHOOL

This form must be completed by a California authorized health care provider and the student's parent/guardian. This permit must be renewed at the beginning of each school year and whenever there is a change in the student's medication dosage or medication administration plan. Students who must carry and self administer medication on campus must have a '"Permission to Carry and Self-Administer Medications on Campus" form along with this authorization on file in the school office. A parent/guardian may terminate consent for administration of medication at any time by notifying the school principal in writing.

Student:_____ Grade_____ School _____

DOB _____ Parent's daytime phone_____ Home Phone:_____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Medication:	Form	Route
Dose and strength to be given:	Reason for giving medication:	
DAILY Meds: Time(s) to be given at school		
PRN (as needed) Meds: Describe when to administer medication.		
How soon can dose be repeated?	Start Date:	End Date:
List significant side effects and any additional information/instructions for school personnel.		

It is necessary for this medication to be taken during the school day at the time(s) indicated above. Medication may be administered by designated school personnel.

Health Care Provider Name (print): _____License No._____

Phone: _____ Fax:_____

Address: _____

Health Care Provider Signature: _____ Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I understand and agree to the following parent/guardian responsibilities regarding medication administration:

- To provide written authorization to administer medication from my child's authorized health care provider.
- To assume responsibility for delivery of my child's medication, in its original and properly labeled container, to the school office (medications not labeled or in their original container shall not be administered).
- To inform school personnel of any changes in my child's medication plan and provide updated authorizations yearly or as needed for any change in the medication plan.
- To provide school personnel with pills split for accurate dose if necessary, and the appropriate measuring tools necessary for accurate dose measurement (example: teaspoon measure for liquid medicine).
- To pick up all unused medication at the end of the school year.

I authorize school personnel to administer the above medication to my child as ordered by the authorized health care provider listed above. I give permission for the school nurse, designated school employee, or site administrator to communicate with the authorized health care provider and/or pharmacist with regard to the provider's written statement or any other question with regard to the administration of the medication. I also understand the school nurse may counsel school personnel regarding the possible effects of the medication.

Parent/Guardian Signature: _____ Date: _____