MARIA MONTESSORI ACADEMY

MEDICATION REQUIRED DURING SCHOOL HOURS

California Education Code #49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school to maintain or improve the potential for education and learning.

Medication must be in the container in which it was purchased with the pharmacy label attached. It must be prescribed for the student to whom it will be administered. No medications (including over-the-counter medications) will be given at school without a current prescription from a California licensed physician.

Student Name: _____ Birthdate _____

School _____ Grade _____

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TO BE COMPLETED BY HEALTH CARE PROVIDER:

Date Student examined: _____

Diagnosis: _____

Medication(s):

1 _____

Time, dosage, method of administration _____

Possible Side Effects _____

2 _____

Time, dosage, method of administration _____

Possible Side Effects _____

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

Physician Signature: _____

Physician Name (please stamp or print): _____ Date: _____

Address: _____ Phone: _____

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TO BE COMPLETED BY PARENT/GUARDIAN

I request that my child (named above) be assisted in taking the above medication at school by school personnel and will comply with the policy and procedures of the school as outlined in the letter on the reverse side I give my consent to the school nurse to communicate with physician/health care provider and to counsel with school personnel regarding the above student and medication as appropriate. I understand the school is not legally obligated to administer medication any student and therefore agree to hold the district harmless from any liability resulting from the administration of the above named medication(s). If this agreement is to be terminated, I understand that I must contact the school in writing to do so.

Parent/ Guardian Signature: _____ Date: _____

This form must be renewed whenever the prescription changes and at the beginning of each school year.
All medication not picked up by parent or guardian at the end of the school year will be discarded.