

PARENT/GUARDIAN SIGNATURE: _____

CONSENT TO ADMINISTER MEDICATION AT SCHOOL

A new authorization will be required for any change in medication order.

In accordance with Education Code Section 49423 and 49423.1,I here-by authorize RISING STAR SPED ACADEMY School to assist my student in taking the following medications which must be administered at school.

NOTE: MEDICATION MUST BE BROUGHT TO SCHOOL IN THE ORIGINAL PHARMACY CONTAINER WITH PRINTED INSTRUCTION ON THE LABEL. PLEASE ASK THE PHARMACIST TO FILL THE PRESCRIPTION IN DUPLICATE (2) LABELED CONTAINERS, ONE FOR SCHOOL, AND ONE FOR HOME.

PRESCRIPTION IN DUPLICATE (2) LABELED CO	<u> </u>	OR SCHOOL, AND ONE FOR HOME.
TO BE COMPLETED BY PHYSICIAN (PROVID	•	
	DOB:	
NAME OF MEDICATION:	DOSAGE:	EXP. DATE:
AMOUNT TO BE GIVEN: (e.g., one tablet, one drop, etc.)	TIME TO BE GIVI	EN:
ROUTE OF ADMINISTRATION: (e.g. by mouth, via GI tube, etc.)	DURATION NEED	DED: (e.g., 10 days, daily, until end of school year, etc.)
ADDITIONAL INSTRUCTIONS:		
PHYSICIAN RECOMMENDING/PRESCRIBING:	Н	ospital/Clinic Stamp Here
(Please print)		
Phone: DATE:		
PHYSICIAN'S SIGNATURE:		
 TO BE COMPLETED BY PARENT: I give permission for the school nurse or other designated physician regarding my child. I release school personnel from liability should reactions low-up care and transportation are to be as follows: 		
PARENT/GUARDIAN NAME:		DATE:
HOME PHONE:	_ WORK PHONE:	
By signing below, I acknowledge that I am the parenthe above statements regarding the Authorization to	t/guardian of the	student named above and agree to
I agree to, and do hereby hold Rising Star Sped Academy ar of action, and liability or loss of any sort.	nd its employees harr	nless for all claims, demands, causes

_____ DATE: __