

2017-18 School Medication Authorization

**Non-OCDE Approved Over the Counter Medications
(Physician's approval required)**

In order to assist students who need medication during school hours, California Education Code, Section 49423 and New Vista School require that parent/guardian first do the following:

1. Fill out the section marked "To be completed by Parent".
2. Have the section marked "To be completed by Licensed Physician" filled out by the physician prescribing the medication.
3. Bring the medication in an original, properly labeled pharmacy bottle.

Medications are to be kept and monitored in the School Health Office. Students may not carry medications in their backpack, lunch containers, or locker. Each medication prescribed must be accompanied by a separate form.

To be completed by Parent

Last Name of Student	First Name	Date of Birth	Grade
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I request that designated personnel assist my student in taking medication in accordance with the instructions provided below by the physician. I understand I must submit a new Medication Authorization form for any changes with regard to this medication.

Date	Telephone	Signature of Parent/Guardian
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To be completed by Licensed Physician

Name of Medication	Diagnosis/Reason for Medication
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Dosage Prescribed	Time Schedule	Dose Form (Tablet, Liquid)
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Date of Prescription	Length of Time to be Taken	Method of Administration
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Describe possible adverse effects, special instructions, or other comments:

The above named student for whom medication is prescribed is under my care:

Print Name of Physician	Signature of Physician
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Address	Telephone	Date
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This authorization expires at the end of the school year in which it is made.