2018-19 *School Medication Authorization*

Over-the-Counter Medications (not on OCDE list)
(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

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

To be completed by Licensed Physician

_____ _____
Name of Medication | Diagnosis/Reason for Medication

_____ _____ _____
Dosage Prescribed | Time Schedule | Dose Form (Tablet, Liquid)

_____ _____ _____
Date of Prescription | Length of Time to be Taken | Method of Administration

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

_____ _____ _____
Address | Telephone | Date

This authorization expires at the end of the school year in which it is made.