



2018-19 School Medication Authorization

Prescription Medication

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 Office per school policy. Students may not carry medication in their binder, lunch containers, or backpacks. 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 Dosage Form (Tablet, Liquid, IM, SQ) Frequency Duration

Reason for Medication Date of Prescription

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