

CHULA VISTA ELEMENTARY SCHOOL DISTRICT
84 East "J" Street • Chula Vista, CA 91910 • (619) 425-9600

PARENT/GUARDIAN & PHYSICIAN REQUEST FOR MEDICATION

PARENT REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION AND/OR
NON-PRESCRIPTION MEDICATION

California Education Code Section 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day.

I request that medication be administered to my child, _____
(DOB)_____, in accordance with our physician's written instructions. I understand that designated school personnel will administer medication under supervision of a qualified School Nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

Parent/Guardian Signature: _____ Date: _____

Telephone: (Home) _____ (Work) _____

MEDICATION MUST BE:

- **IN THE ORIGINAL LABELED PHARMACY CONTAINER OR UNOPENED OVER-THE-COUNTER CONTAINER.**
 - **PRESCRIBED BY A CALIFORNIA LICENSED PHYSICIAN.**
 - **FILLED AND/OR PACKAGED IN THE UNITED STATES.**
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PHYSICIAN REQUEST FOR ADMINISTRATION OF PRESCRIPTION AND/OR
NON-PRESCRIPTION MEDICATION

<u>Medication</u>	<u>Route</u>	<u>Dosage</u>	<u>Approx. Time</u>
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____

Discontinue Medication #1 on _____ (date), Medication #2 on _____ (date), Medication #3 on _____ (date)

Any Precautions for Administration or Storage of Medication(s) _____

Printed Name of Physician M.D. _____
Medical License Number _____ Date _____

Signature of Physician M.D. _____
Telephone Number/FAX # _____