



Orange County Educational Arts Academy

PARENT/GUARDIAN and PHYSICIAN REQUEST FOR MEDICATION

Student: _____ DOB: _____

**PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION
PRESCRIPTION AND NONPRESCRIPTION**

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. This service is provided to enable the student to remain in school and to maintain, or improve his/her potential for education and learning.

I request that medication be administered to my child in accordance with our authorized health care provider written instructions. I understand that designated non-medical 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 authorized health care provider. I give permission for the school to exchange medication-related information with the authorized health care provider. The school nurse may counsel appropriate school personnel regarding the medication and its possible side effects.

Parent/Guardian Signature: _____ Date: _____

Telephone: (Work) _____ (Home) _____

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

Diagnosis/Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

If PRN: amount of time between doses: _____ Maximum number of doses _____ per day

Possible reactions: (possible serious reactions with this medication i.e., allergic reaction, localized/general, etc.) _____

Instructions for emergency care: _____

Authorized Health Care Provider Name and Signature: _____

Address: _____ Telephone: _____

Office

Stamp:



Date of Request: _____ Date to Discontinue Medication: _____

This request is valid for a maximum of one year

SCHOOL USE:

Reviewed by: _____ Date: _____