

West Sonoma County Consortium
School Nurse Services

**Authorization for Administering Medication
Forestville Union School District**

The California Education Code provides for any pupil who is required to take, during the regular school day, medication prescribed for her/him by a physician when the school district receives the following:

1. A written statement from the physician detailing the method, amount, and time schedule the medication is to be taken.
2. A written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.
3. Medication must be in an appropriately labeled prescription container or the original over-the-counter container.

Student's Name: _____ Date: _____

School: _____ Grade: _____ D.O.B.: _____

The following medication has been prescribed for the student named above:

Medication: _____ Medication: _____

Dosage: _____ Dosage: _____

Time: _____ Time: _____

Side Effects: _____ Side Effects: _____

Inhaler: Kept in office Can carry it Use Peak Flow Meter

Physician Signature: _____ Date: _____

- This release is valid only for the current school year.
- Please keep the school adequately supplied with the student's medication.
- Any medication remaining at the end of the school year must be picked up by the parent or it will be discarded.
- I will supply the medication in a labeled container.
- I hereby give permission for trained school personnel to administer the above medication to my child.

Parent/Guardian Signature: _____ Date: _____