



OPRENKA UNION SCHOOL DISTRICT
Medication Permission Form



Dear Parents:

California State Education Code requires permission from parent/guardian and health care provider to give ANY medication to students at school. Return the completed form to the school office. ALL medications must be in pharmacy labeled containers.

Student Name: _____, Address: _____

FOR MEDICATIONS TO BE GIVEN AT SCHOOL (Prescribed as well as over the counter medications)

Medication	Dosage	Time to be Given	Method	Reason for Medication

Name of Health Care Provider (Please Print): _____

Address: _____

Signature of Health Care Provider: _____

Phone: _____ Date: _____

STUDENT SELF - ADMINISTRATION OF MEDICATION

The student has permission to carry and use ~~prescribed~~ over the counter in the self-administration of emergency or necessary medications.

List medications for self-administration: _____

Signature of Health Care Provider: _____ Date: _____

PARENT AGREEMENT REGARDING STUDENT SELF-ADMINISTRATION OF MEDICATIONS

I agree that the school district and its employees shall not be held liable for any loss, damage, injury or liability of any kind to any person caused or arising from the acts, omissions or negligence of the District related to the self-administration of medication by my child.

Signature of parent/guardian: _____ Date: _____

ADDITIONAL MEDICATIONS FOR AN ONGOING CONDITION GIVEN ONLY AT HOME

PARENT PERMISSION TO FOLLOW HEALTH CARE PROVIDER'S DIRECTIONS

- I give permission for designated school personnel to assist in the administration of my child's medication.
- I understand that I am responsible for providing properly labeled containers, supplies, and equipment.
- I will notify the school if there is any change in the medication or the student's health status.
- I give the school permission to communicate with healthcare providers in regard to my child's health as needed.

Signature of parent/guardian: _____ Date: _____

Department Of Health Nursing Forms For2016

Marcia Stanhope, Jeanette Lancaster



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