

LIBERTY SCHOOL DISTRICT  
170 LIBERTY SCHOOL ROAD  
PETALUMA, CA 94952  
795-4380

AUTHORIZATION FOR ADMINISTERING MEDICATION

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 provided the school district received:

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 appropriately-labeled prescription container. The child's name must be on the container.

Child's name \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

I have prescribed the following medication for the above-named child.

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time \_\_\_\_\_ Before \_\_\_\_\_ After \_\_\_\_\_  
Lunch Lunch

The school should be aware of the following side effects \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

I hereby give permission for the designated school personnel to administer the above medication to my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date