



RANCHO CHRISTIAN

UNIVERSITY READY | LIFE READY

31300 RANCHO COMMUNITY WAY, TEMECULA, CA 92592 · RANCHOCHRISTIAN.ORG

AUTHORIZATION FOR PRESCRIBED AND OVER THE COUNTER MEDICATION

School Year: _____ - _____

Name of Student	Date of Birth	Grade
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Education Code 49423 Authorizes any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school administration personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

- If your physician would like your child to carry either an asthma inhaler or emergency medication (auto-injectable epinephrine, i.e. EpiPen), **PHYSICIAN AUTHORIZATION AND PROTOCOL FOR SELF-ADMINISTERED MEDICATION** must be completed by the doctor, parent and child.
- The parent or adult representative designated by the parent must bring all prescribed medications to school in its prescription-labeled container.
- Over-the-counter medications must be brought in an unopened container.
- All medications will be maintained in the school office with the exception of medications designated in Part III, as prescribed by the physician.
- Parent/guardian **MUST** pick up medication at the close of the school year. Medication remaining after the last day of school will be properly discarded. *Parent/Guardian Signature:* _____

PHYSICIAN AUTHORIZATION (ONE MEDICATION PER FORM)

I. PRESCRIBED MEDICATION REQUIRED TO BE ADMINISTERED DURING SCHOOL HOURS

(THIS SECTION IS TO BE COMPLETED BY PHYSICIAN)

Name of medication(s)	Health condition for which medication is prescribed
Time(s) to be taken	Dosage
Route of administration	Precaution-possible adverse reactions
Date to be discontinued	Special storage instructions
Name of physician (Please print)	Physician's telephone number/Fax number
Physician's signature	Date

II. THIS SECTION IS TO BE COMPLETED BY PARENT/GUARDIAN (Parts I AND II MUST BE COMPLETED)

I give permission for my child to receive the above medication at school according to the district board policy and administrative regulations, and agree to release, indemnify and hold harmless RANCHO CHRISTIAN SCHOOL, its board members, officers, agents & employees from lawsuits, claims, demands, actions or expenses that may arise against them for administering medication as set forth in accordance with the provisions of part I above.

- I agree to allow communication and the exchange of pertinent medical information between medical providers and the school staff involved with my child's medical care.
- I understand that I may terminate consent for such administration of medication at any time, in writing.

Signature of Parent/Guardian: _____ Relationship: _____ Date: _____

NO MEDICATION WILL BE ADMINISTERED WITHOUT THE REQUIRED SIGNATURES

THIS FORM MUST BE RENEWED THE BEGINNING OF EACH SCHOOL YEAR OR WHEN THERE IS A CHANGE IN MEDICATION/INSTRUCTIONS