



PERMISSION FOR ADMINISTRATION OF MEDICATION

In the event your child needs to receive prescribed medication during the school day, please complete the following information and submit with your doctor's note or signature below.

All medications (including over-the-counter meds like cough drops or ibuprofen AND prescriptions like inhalers, Epipens, etc.) require a permission form EVERY school year. Medications must be in the original container and include dosage instructions. Permission needs to be renewed yearly or whenever changes in medication or health care provider occur.

Please deliver all medications, instructions and permission forms to the school office. For safety reasons, do not send medications, of any kind, to school with your child.

DATE: _____

STUDENT'S NAME: _____ DOB: _____ Grade: _____

TEACHER: _____

PARENT/GUARDIAN SIGNATURE: _____

I request that designated CMP staff, pursuant to CA Education Code, Section 49423, assist my child by giving them the medication as set forth in the health care provider's instructions below.

A doctor's signature below must accompany all prescription medication.

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| Begin/End Dates of Medication: | Medication Expiration Date: |
| Medication (Exact Name): | Reason: |
| Dosage: | Method of administration: |
| Time of Administration (daily meds): | Frequency (PRN meds): |
| Refrigerate: <input type="checkbox"/> Yes <input type="checkbox"/> No | Permission for student to carry with them? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Authorized State of California Health Care Provider Name: | |
| Address: | |
| Phone Number: | |
| Physician Signature (or attach doctor's note with signature): | |

