

VISALIA UNIFIED SCHOOL DISTRICT

**MEDICATION IN SCHOOL FORM**  
(For Prescription and Over-The-Counter Drugs)

TO: SCHOOL ADMINISTRATOR DATE \_\_\_\_\_

ATTN: SCHOOL NURSE SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT (Please complete): I give consent for school personnel to provide medication as ordered for my child. I also give consent for the school nurse and my child's medical care provider to exchange medication information regarding my child.

(Name of Student) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Address) \_\_\_\_\_

(Parent's/Guardian's Signature) \_\_\_\_\_

\* Students may carry their inhaler or Epi pen with them at school if the physician specifically states this on the order. Parents are responsible for providing the medication daily and will hold harmless school personnel with regard to their child's medication at school.

\*\*\*\*\*  
DOCTOR (Please complete):

Medication is absolutely necessary at school for the following reason:

\_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time Limit (i.e. 3 months, 6 months): \_\_\_\_\_

DATE: \_\_\_\_\_

(Doctor's Signature)

(Doctor's Address)

(THIS REPORT IS TO BE RETURNED TO THE SCHOOL NURSE OR ADMINISTRATOR BY PARENT OR DOCTOR.)

**ALL MEDICATIONS MUST BE IN THE ORIGINAL PRESCRIPTION CONTAINER.**

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**MEDICATION IN SCHOOL**

California Ed. Code 49423 states that medication can be given at school with the following provisions:

1. A request in writing signed by the parent and.....
2. An order in writing from the physician giving instructions for medication dosage, and the method of administration. No medications can be given without a physician's signature.
3. **Medication must be in the original & current prescription container.**
4. A medication in school form must be completed each school year for long term medications. **This form is only valid for one year.**

*Revised 2/2010*