

Pleasant Grove Joint Union School District

AUTHORIZATION FOR MEDICATION TO BE GIVEN AT SCHOOL

School Year _____ Teacher _____

Dear Parent/Guardian:

California Education Code, Section 49423 provides that any pupil required to take, during regular school days, medications prescribed by a physician may be assisted by school personnel if the school district receives specified written statements from such physician and the parent/guardian of the pupil.

Student's Name _____ Birthdate _____

1. Medication to be administered _____

Dosage _____ How Often _____

Time of Day: _____ Duration: _____

Anticipated reactions to medication: _____

Physician's Signature _____ Date _____

Printed Name _____ Telephone _____

I approve of this authorization for medication to be given to my child by school personnel.

Parent/Guardian Signature _____ Date _____

Phone (H) _____ (W) _____

PARENT AUTHORIZATION FOR EXCHANGE OF INFORMATION

I hereby give my permission for the exchange of information regarding my child's medication.

(Student Name) _____ (Date) _____

Between: _____ and _____
(Name of Physician) (Name of School)

Signature of Parent/Guardian _____ Date _____