

Mt. Helix Academy

Educational Excellence Through Measurably Superior Methods

AUTHORIZATION FOR MEDICATIONS TO BE TAKEN AT SCHOOL

In keeping with California law, safe administration of medications at school requires a written request from parents/guardians and written authorization from a licensed California physician. Both must be renewed at least annually.

Please note that:

- All medications brought to school must be in the original pharmacy container. No other container is acceptable.
- The medication and its container must be exactly what the physician prescribed.
- All medications brought to school must be given to school personnel and cannot be kept by the student.
- Over-the-counter medications (except acetaminopen) also require California licensed physician authorization.
- A new authorization is required for any change of medication or change in administration of medication.

Please fax completed form to 619-233-8409 or mail to Admissions & Records, 2255 Camino Del Rio South, San Diego, CA 92108. Questions? Call 619-243-1331

Name of Child: _____ Date of Birth: _____

Physician's Name: _____ Phone: (_____) - _____

My child must take prescription medication(s) during the school day (8:30 am to 2:00 pm), and I request that school personnel administer the medication(s) as directed by my child's physician. I agree to save and hold harmless the school, The Institute for Effective Education (TIEE), its officers and employees from all liability, suits, or claims, of whatever nature or kind, which might arise as a result of administering or failing to administer the medication(s) in accordance with this request.

I waive my right to privacy concerning my child as it pertains to contact between the physician named below and personnel of TIEE. This authority extends to the furnishing of any or all designated medical records pertaining to my child necessary to ensure safe care. I understand that this authorization is valid only through the current school year and must be renewed next year and each time a medication change is prescribed.

Parent/Guardian Signature

Print Name

Date

Inhaler/Epipen: If your child uses an inhaler or an Epipen, that medication will be kept with other medications in a locked cabinet unless you and your child's physician specify otherwise.

My child has a medical condition that warrants keeping an inhaler/Epipen on his/her person during the school day. I ask that my child be allowed, with a doctor's authorization, to medicate himself/herself with the prescribed inhaler/Epipen. My child has the knowledge and maturity to carry this medication and is sufficiently responsible and independent in its administration.

Parent/Guardian Signature

TO BE COMPLETED BY PHYSICIAN: In your authorization, please indicate only medications that should be given during the school day, which is from 8:30 am to 2:00 pm. Please avoid liquids if at all possible.

Diagnosis for which the medication is given: _____

NAME OF MEDICATION	DOSAGE	ROUTE	TIME OF DAY	START DATE	END DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Inhalers or Epipen: Please weigh the medical necessity of the student carrying the inhaler with the possibility that it may be lost, broken, or misused by the child. Please signify your recommendation by initialing one of the following:

____ The student must have the inhaler at all times ____ The inhaler should be stored in the school's office

Printed Name of Physician

Medical Bd of CA Certificate #

Office Telephone

Signature of Physician

Date

Office Fax #