The Institute for Effective Education

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Educational Excellence Through Measurably Superior Methods

Authorization for Medication to be Taken During School Hours

Dear Parents:
In order to administer medications at school safely, it is necessary to have a written request from the student's parent and a written authorization from a California licensed health care provider (M.D., D.O., DDS., P.A., or N.P.). If you wish to have your child receive medication by school personnel, please fill out this form and FAX or deliver it to your child's school.

Name of Student: _____ **Date of Birth:** ____/____/_____ **School Year:** _____

School:	**Children's Workshop** ○	**Cook Education Center** ○	**Mission Valley Academy** ○	**Mt. Helix Academy** ○	**Urban Skills Center** ○
FAX#	858-564-5355	619-233-8409	619-521-0432	619-466-1448	619-233-8409

Parent Understandings and Request
My child must take medication(s) during the school day (8:30 - 2:00). I request that school personnel administer the medication(s) to my child as directed by my child's California licensed healthcare provider. I agree to save and hold harmless the school, The Institute for Effective Education, its officers, employees, and agents from all liability or claims of damages of whatever nature or kind, which might arise as a result of administration or nonadministration of the medication(s) in accordance with this request.

I understand and agree that

- All medication must be in the original pharmacy container when given to the school;
- The school will not accept medication in a container other than the original pharmacy container;
- The medication order must match the information on the container;
- Acetaminophen is the only over-the-counter medication that the school will administer without the physician's authorization;
- Medications will be administered by school personnel who have no medical training -- there is no school nurse;
- I will notify the school within 24 hours of any change in my child's medication, health status, or health care provider.
- This medication plan only applies to activities during the school day, to be implemented by non-public school team and does not apply to transportation before/after the school day. If an emergency medical plan is needed during transportation, discuss with your district representative.

In order to help ensure the safe care of my child, I grant permission for school personnel and my child's healthcare provider to share information and records concerning my child. This authorization shall be valid only through the current school year and will need to be renewed next school year if my child continues at the school.

_____ _____/_____/_____
Parent/Guardian Signature **Printed Name** **Date**

This section to be completed by the California Licensed Healthcare Provider

In your authorization, please indicate only medications that should be given during the school day (8:30 - 2:00).
Please avoid liquids if at all possible.

Diagnosis for which medication is given: _____

Medication/Strength	Dosage	Route	Time of Day	Start Date	End Date

Inhalers: Please weigh the medical necessity of the child carrying the inhaler with the possibility that it may be lost, broken, or mis-used by the child. Please signify your recommendation by initialing one of the folllowing:

_____ The child must have the inhaler with her/him at all times _____ The inhaler should be stored in the school's office

_____ _____ _____
Printed Name of Healthcare Provider **CA License Number** **Office Telephone**

_____ _____/_____/_____ _____
Signature **Date** **Office FAX**

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