

Clayton Valley Charter High School  
**AUTHORIZATION TO ADMINISTER MEDICATION DURING SCHOOL HOURS**

Ed. Code. 49423 any pupil who is required to take during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel, or may carry and self-administer prescription auto-injectable epinephrine if the school district receives (1) a written statement from such physician detailing the method, (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician statements.

**Part I – PARENT AUTHORIZATION:** (To be completed by parent/guardian.) My child requires the administration of medication during the school day and I request that he/she be assisted by designated school personnel. I give my consent for exchange of information between the physician/health care provider and Clayton Valley Charter designated school personnel.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (Parent, Guardian, Sister etc.)

\_\_\_\_\_  
Date

**Part II – PHYSICIAN AUTHORIZATION:** (To be completed by student's physician) Because of the health condition of the above named student and the nature of the medication I have prescribed, the administrator of the medication must be provided during school hours. I understand that this medication order must be renewed yearly.

Medication	Dosage	Method	Frequency	Time
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Health condition for which medication prescribed	Remarks
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\_\_\_\_\_  
Name of Physician \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_