# JSerra Catholic High School

***PARENT/GUARDIAN AND PHYSICIAN***
***REQUEST FOR MEDICATION ADMINISTRATION***

Name of Student: _____ Date: _____

Birthdate: _____ Grade: _____

**PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION**
**PRESCRIPTION AND NONPRESCRIPTION**

California Education Code Section, 49423 allows the school nurse or other designated non-medical school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school and to maintain, or improve his/her potential for education and learning.

I request that medication be administered to my child _____, in accordance with our physician's written instructions. I understand that designated school personnel will administer the medication. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

***PARENT/GUARDIAN SIGNATURE**: _____ Date: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

**Emergency medicine such as Epi-pen or inhalers may be carried by the student when authorized by a physician and the parent. A second Epi-pen or inhaler should be kept at school for emergency use**.

**PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION**

Diagnosis/reason for Medication: _____

*Medication: _____ Dose: _____ Route: _____Time: _____

If PRN: Amount of time between doses _____ Maximum number of doses _____ per day.

Possible reactions: (possible serious reactions with this medication i.e., allergic reactions, localized/general, etc.)

_____

Instructions for emergency care: _____

The above medication will be scheduled for school hours, day and overnight field trips. This medication may be administered by school personnel.

***PHYSICIAN'S PRINTED NAME: _____****

***PHYSICIAN'S SIGNATURE: _____**

*Date of request: _____

*Date to discontinue medication: _____

*Office Stamp*

**EMERGENCY MEDICATION SUCH AS INHALER/EPI-PEN MAY BE CARRIED BY STUDENT**: _____
Physician's initials

**FAX: (949)493-2763 or send it by email: nurse@jserra.org**