

AUTHORIZATION FOR MEDICATION ADMINISTRATION

California Department of Social Services provides for any child who is required to take, during the regular school day, medication prescribed for her/him by a physician provided the childcare center receives:

- A written statement from the physician detailing the method, amount, and time schedule the medication is to be taken.
- 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's statement.
- Medication must be in an appropriately labeled prescription container.

CHILD'S NAME:

DATE:

I have prescribed the following medication for the above-named child:

Medication:

Dosage:

Time:

The school should be aware of the following side effects:

****This form MUST be signed by BOTH physician and parent****

Physician's signature

Date

Printed Name of Physician

Telephone Number

I hereby give permission for Rise and Shine Child Care Centers personnel to administer the above medication to my child. If there is a change in the student's medication, health status, or authorized health care provider, I will notify such changes in writing.

Parent's signature

Date

PLEASE NOTE: It is the parents'/guardians' responsibility to see that this form is updated on a yearly basis or more often as needed should a child's medication /treatment change. It is the parents'/guardians' responsibility to pick up medication at the end of the school year.