



PERMISSION FOR ADMINISTRATION OF MEDICATION

In the event your child needs to receive prescribed medication during the school day, please complete the following information and submit with your doctor's note or signature below.

All medications (including over-the-counter meds like cough drops or ibuprofen AND prescriptions like inhalers, Epipens, etc.) require a permission form EVERY school year. Medications must be in the original container and include dosage instructions. *Permission needs to be renewed yearly or whenever changes in medication or health care provider occur.*

Please deliver all medications, instructions and permission forms to the school office. For safety reasons, do not send medications of any kind in your child's lunchbox or backpack.

DATE: _____

STUDENT'S NAME: _____ DOB: _____ Grade: _____

TEACHER: _____

PARENT SIGNATURE: _____

I request that designated CMP staff, pursuant to CA Education Code, Section 49423, assist my child by giving them the medication as set forth in the health care provider's instructions below.

A doctor's signature below must accompany all prescription medication.

Begin Date of Medication:	End Date of Medication:
Medication (Exact Name):	Reason:
Dosage:	Method of administration:
Time of Administration (daily meds):	Frequency (PRN meds):
Refrigerate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication Expiration Date:
Authorized State of California Health Care Provider:	
Name:	
Address:	
Phone Number:	
Physician Signature (or attach doctor's note with signature):	

Administration of Medication				
Date	Time	Medication	Dose	Staff Signature

Date	Time	Medication	Dose	Staff Signature