



Medication at School Authorization Form 2020-2021

Please fill out one separate authorization form for each specific medication

PARENT: Please fill out the following section and have a physician complete this form with orders and signature (one form per medication). IN ADDITION, please fill out the top section of the Medication Administration Log form (one form may be used for up to four medications at a time).

MEDICATIONS: Students are not allowed to carry medications, whether prescribed or "over-the-counter," unless accompanied by a physician's note and parent's note stating that the student is allowed to self-administer the medication. All other medications on campus must be kept in the SAO with both physician and parent notes as per California Education Code, CEC 49423, Title 5. Staff members are not allowed to give out pain killers, antihistamines, cough drops or the like, without the documentation listed above.

Student LEGAL Name: _____ Gender: _____ Date of Birth: _____
Last First

Physician's Name Address Phone

I request that my child be assisted in taking the medication described below at school by authorized persons, or to be permitted to medicate himself/herself as authorized by me and my physician (see below). I will notify The King's Academy in writing immediately if the medication for my child is changed or discontinued.

Date Legal Parent/Guardian Signature Emergency Phone Number

PHYSICIAN: Please complete the following section.

Diagnosis for which medication is given: _____

Name of medication: _____

Dose: _____

If medicine to be given DAILY, at what time: _____

If medicine to be given AS NEEDED, describe indications: _____

How soon can it be repeated? _____

Is child authorized to medicate himself/herself? [] Yes [] No

Is this medication to be carried by the student on his/her person? [] Yes [] No

List significant side effects: _____

Length of time this treatment is recommended: _____

Other information: _____

Physician's Signature: _____ Date: _____

OFFICE USE ONLY

Location of medicine: [] SAO [] With Student [] With Teacher/Name: _____