

**MORONGO UNIFIED SCHOOL DISTRICT  
HEALTH SERVICES  
SCHOOL MEDICATION AUTHORIZATION AND INSTRUCTION**

**PARENT PERMISSION**

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

I hereby give my permission for school personnel to give this medication as directed. I also give the school nurse permission to contact the physician regarding the child's reaction to the medication or if there is a change in the child's health status.

\_\_\_\_\_  
Parent/Guardian Signature

**PHYSICIAN'S DIRECTION**

**Effective for School Year: 2016-2017**

Diagnosis: \_\_\_\_\_

Name of Medication	DOSE	Form (tablet, pill, capsule, liquid)	# taken	Time of day	Indication of Use
#1 _____	_____	_____	_____	_____	_____
#2 _____	_____	_____	_____	_____	_____

Comments if any: \_\_\_\_\_

Physician's name printed: \_\_\_\_\_

\_\_\_\_\_  
Physician signature & Stamp                      Address                      Phone                      Date

- ❖ Medication must be in the original container with the pharmacy label attached and must be prescribed to the student
- ❖ No medications (including over the counter medications) will be given at school without a current authorization.
- ❖ This form must be renewed whenever the prescription changes and at the beginning of each school year
- ❖ Medication must be transported to and from school by the parent only.

California Education Code 49423: Medication for pupils  
Notwithstanding the provisions of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

**MORONGO UNIFIED SCHOOL DISTRICT  
HEALTH SERVICES  
MEDICATIONS AT SCHOOL**

**Dear Parent/Guardian:**

**It is generally better to have medications administered at home, however it is sometimes necessary to give medication to a student during school hours and we wish to assist you as needed. The School Nurse serves more than one school and is not available to administer medications on a daily basis, so an unlicensed person most often performs this function. CONSEQUENTLY, WE URGE YOU, WITH THE HELP OF YOUR PHYSICIAN, TO WORK OUT A SCHEDULE TO GIVE MEDICATION OUTSIDE SCHOOL HOURS.**

In compliance with California Education Code 49423, when an employee of the school district gives a medication to a student, the employee must be acting in accordance with the written directions of a physician and with the written permission of the child's parent or legal guardian. Children are not allowed to have medication in their possession at school, walking to and from school, or on the school bus. This practice provides for the safety of all students on campus. The only exception to this policy is if the student's well being is in jeopardy unless the medication, such as an inhaler for asthma, is carried on his/her person. The Medication Authorization forms can be obtained from the school and must include a statement from the physician that the student's well being is in jeopardy unless s/he carries the medication. Medication Authorization forms can be downloaded from the district website:  
[www.MUSD.com](http://www.MUSD.com)

**Medication must be provided to the school in the container in which it was purchased, with the pharmacy label attached, and must be prescribed to the student to whom it will be administered. School personnel cannot give medication brought to school in a plastic bag, plastic ware, or any other repackaging. No out of date medication will be given. An adult must bring the medication to school along with the completed authorization forms.**

**IF YOU ANTICIPATE A VISIT TO YOUR CHILD'S PHYSICIAN OR DENTIST AND EXPECT THAT MEDICATION MAY BE PRESCRIBED OR THE DOSAGE CHANGED, PLEASE STOP BY THE SCHOOL OFFICE FOR THE APPROPRIATE FORMS.**

**(Form on the back)**