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PARENT INFORMATION REGARDING MEDICATIONS AT SCHOOL

Education Code 11753.11 . . . “any pupil who is required to take medication during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designate school personnel in 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) 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.”

Guidelines for sending medications to school:

1. The medication must be delivered in the pharmacy container.
2. The pharmacy label must indicate the physician’s name, pharmacy name and location, registration number, date and name of student.
3. The pharmacy label must indicate the directions for administration: method, dosage or amount, and the exact hour to be taken.
4. This applies to over-the-counter medication as well as prescription medication.

**THIS FORM MUST BE COMPLETED AND RETURNED BEFORE
ANY MEDICATION CAN BE GIVEN**

Administration of Medication at School

Student: _____ Age: _____ Date: _____

School: _____ Rm#: _____ Grade: _____

I hereby request that authorized school personnel supervise the above-named student in taking the following medication and/or medications in the manner and dosage and times as prescribed.

Parent Signature: _____

Name of Physician (*Print/Type*): _____

Signature of Physician: _____ Date: _____

Address of Physician: _____ Phone Number: _____

Name of Medication: _____ Dosage and Time: _____

Name of Medication: _____ Dosage and Time: _____