

Mountain View Whisman School District  
**Permission to Administer Medication**

Dear Parent/Guardian:

Before medication can be administered during school hours, it is necessary to have specific written orders from your physician and written authorization from you. The school must be notified of any changes of medication administered at school. In addition, we ask that you notify us of any changes in the medication administered at home that might affect your child's behavior at school. Medication must be in the original labeled container with the student's name clearly visible. Permission must be renewed each school year. Over-the-counter medication will be given only if prescribed by a physician or dentist and in the original container. (California Education Code Section 49423).

School: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Address: \_\_\_\_\_

Program (if applicable): \_\_\_\_\_

**Physician Directions and Authorization**

The above named student is currently under my care and receiving medication(s), and is necessary for the student to take this medication during school hours.

Medication to be administered during school hours: \_\_\_\_\_

Dose (mg. or ml.): \_\_\_\_\_ Time: \_\_\_\_\_ Route: \_\_\_\_\_

Potential observable adverse reaction(s): \_\_\_\_\_

Medication will continue for: \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Until: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

The school reserves the right to contact the doctor regarding clarification if you are not available.

**Note to Parent/Guardian:** It is your responsibility to provide the required medication(s) in original and individually prescription labeled container(s). Renewal is required for prescription changes and at the beginning of each school year.

I authorize/give permission for instructional/school staff at \_\_\_\_\_ School to administer the above medication(s) to my child as described above.

Parent/Guardian  
Signature: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Students attending Santa Clara County Programs: Please see Site School Nurse for Specific Instructions.**