

Valid for School Year _____ to _____



Place Student's picture here

MCS AUTHORIZATION FOR MEDICATION ADMINISTRATION (CA ED CODE SECTION 49423)

I, the undersigned, as legal parent/guardian of _____
Student Name
_____ attending _____
Birthdate Elementary/Junior High/High School

Request that the following medication(s) _____
be made available to my child at the time(s) prescribed _____

I will provide the medication(s) in the prescription container(s) which is labeled with the name of my child, the prescribing physician's name, and amount of medication(s) prescribed. I release Maranatha Christian Schools from any and all liability in administering the medication and agree to hold harmless Maranatha Christian School as well as Maranatha Chapel.

If any of the conditions in the Physician's Statement change, a new form must be signed by the parent/guardian and the physician.

Both prescription and nonprescription medications require a written statement from the physician *and* a written statement from the parent indicating desire that the district assist the student as set forth in the physician's statement. To facilitate the foregoing, I hereby grant permission for the exchange between our physician and the Maranatha Christian Schools of the confidential medical information contained in my child's records necessary to accomplish this service.

I will notify the school immediately if the health status of my child changes, we change physicians, or there is a change in or cancellation of the procedure.

I have read and accept the conditions set forth by Maranatha Christian Schools for Medication Administration pursuant to Education Code Section 49423.

Parent/Guardian _____ Date: _____ Phone: _____
Signature

This portion to be completed by a physician licensed in the State of California.

Name of Medication	Method of Administration	Dosage			Approx. Time of Day
		Puffs	mg	ml	
1.					
2.					
3.					

Should it become necessary for the listed medication to be taken during the school day, specific instructions have been given to ensure safety and well-being of the child (Physician to check)

___Acetaminophen
(Tylenol) May be given for fever or pain, per manufacturer's dosing chart

___ Ibuprofen
(Advil, Motrin) May be given for fever or pain, per manufacturer's dosing chart

___Diphenhydramine
(Benadryl) May be given for allergy symptoms, per manufacturer's dosing chart

___ Tums
May be given, per manufacturer's dosing chart

Physician's signature Physician's name Telephone # Fax#

*For Junior High/High School Inhaler use only: This student is capable of self-administration of his/her inhaler during the day YES NO (circle one)