

Valid for the
 _____ - _____
 School Year

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



I, the undersigned, as legal parent/guardian of _____(student's name)
 _____(date of birth) attending Maranatha Christian Schools 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 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:

Signature _____ Date: _____ Phone: _____

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

Medication	Dose	Route	Time	Reason
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
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Physician:

Signature _____ Print _____ Date _____ T# _____

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