



ORINDA UNION SCHOOL DISTRICT  
Medication Permission Form



Dear Parents:

California State Education Code requires permission from parent/guardian and health care provider to give ANY medication to students at school. Return the completed form to the school office. ALL medications must be in pharmacy labeled containers.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

**FOR MEDICATIONS TO BE GIVEN AT SCHOOL (Prescribed as well as over the counter medications)**

Medication	Dosage	Time to be Given	Method	Reason for Medication

Name of Health Care Provider (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT SELF - ADMINISTRATION OF MEDICATION**

The student has permission to carry and has **demonstrated proficiency** in the self-administration of emergency or necessary medications.

List medications for self-administration: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT AGREEMENT REGARDING STUDENT SELF- ADMINISTRATION OF MEDICATIONS**

I agree that the school district and its employees shall not be held liable for any loss, damage, injury or liability of any kind to any person caused or arising from the acts, omissions or negligence of the District related to the self-administration of medication by my child.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional MEDICATIONS FOR AN ONGOING CONDITION GIVEN ONLY AT HOME**


**PARENT PERMISSION TO FOLLOW HEALTH CARE PROVIDER'S DIRECTIONS**

- I give permission for designated school personnel to assist in the administration of my child's medication.
- I understand that I am responsible for providing properly labeled medications, supplies and equipment.
- I will notify the school if there is any change in this medication or the student's health status.
- I give the school permission to communicate with healthcare providers in regard to my child's health at school.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_