

AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION

CALIFORNIA DEPARTMENT OF EDUCATION

STUDENT HEALTH UNIT

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California School for the Blind

500 Walnut Avenue
Fremont, CA 94536

California School for the Deaf

39350 Galluadet Drive
Fremont, CA 94538

Dear Parent/Guardian and Physician:

Students who receive prescribed or non-prescribed medication, while at school, must have the following:

- A written statement from the physician
- A supply of the medication must be sent to the school in a container labeled by the pharmacist in **English**. **Please ask the pharmacist to divide the prescription into 2 bottles: one for home, one for school (long-term prescriptions only)**. The label is to include student's name, doctor's name, date, medication name and the dosage. Any change in dosage or time of administration must be verified in writing by the physician. The label on the bottle cannot be older than one month. However, a more recent, written doctor's order will be accepted, to replace an older label if needed.
- **The above requirements apply to all medications available 'over the counter' (OTC) as well.**
- The form below will be completed and kept on file at SHU, before your child can be given medication. Please list all medications your child is taking below, with the **Doctor's signature**.
- Parents are responsible for supplying and ordering all medications.
- **Filed Trip Medications**
- **Residential Students:** SHU is responsible for packing field trip medications
- **Day Students:** Field trip medications, outside of school hours, are the responsibility of the student's parent/guardian, they are to give the appropriate staff person the medication to administer if they are staying overnight during the week, or other event during the week.

Student's Name: _____

Medication(s)	Dosage	Frequency	Duration	Diagnosis

Phone: _____

Physician's Signature

Physician's Name

Date:

Parent/Guardian Signature