SHIR HASHIRIM
MONTESSORI SCHOOL

PRESCRIPTION MEDICATION AUTHORIZATION

California Education Code Section 4942324 permits school personnel to administer medications with the written directions of a licensed physician and the written permission of the parent or legal guardian. We provide this service to maintain the health of your child while in the school's care. **All medications are to be sent in the original container with prescription label.**

Student name _____ _____
Last First

Date of birth _____ Sex _____

TO BE COMPLETED BY CHILD'S PHYSICIAN

Name of medication _____ Date of prescription _____

Dosage prescribed _____

Time scheduled at school _____

Dose form _____ Route _____
(tablet, liquid, injection, inhalant, etc)

Purpose of medication or diagnosis _____

LICENSED HEALTH CARE PROVIDER'S RECOMMENDATIONS *(check where applicable)*

_____ The medication may have adverse side effects *(explain)*

_____

_____

_____ Special instructions and/or comments

_____

_____

The student for whom this medication is prescribed is under my care:

Print name / Title _____ Date _____

Signature _____

Address _____

Telephone _____

Print name of Supervising Physician (NP, Midwife, PA) _____