

# Providence Christian School

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## Student Medication Permission Form 2019-2020

I desire that a designated school person, pursuant to California Education Code, Section 49423, assist my child, \_\_\_\_\_ by giving him/her the medication needed to be administered at school as set forth in the physician's statement below.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

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### PHYSICIAN'S STATEMENT OF REQUIRED STUDENT MEDICATION

\_\_\_\_\_ should be given the following medication as designated below:  
*Student's name*

<i>Name of Medication</i>	<i>Prescription Number</i>	<i>Method of Administration</i>	<i>Dose</i>	<i>Time of Day</i>	<i>Expiration Date</i>

Duration of medication \_\_\_\_\_

Possible side effects of medication \_\_\_\_\_

Other pertinent information about patient \_\_\_\_\_

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Date*