

Providence Christian School

3800 North Shingle Road · P.O. Box 719
Shingle Springs, CA 95682
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Student Medication Permission Form

School Year: _____

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

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