

Solano Christian Academy  
Fairfield, California  
ADMINISTRATION OF MEDICATION

*“Administration of Prescribed Medication for Pupil,” California Education Code  
“11753.1 Notwithstanding the provisions of Section 11742, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician may be assisted by the school nurse or other designated school personnel if the school receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in the matters set forth in the physician’s statement.” (Added by Stats.1968.CH.681)*

SECTION I. TO BE COMPLETED BY PARENT OR GUARDIAN

SECTION II. TO BE COMPLETED BY PHYSICIAN

SECTION III. TO BE COMPLETED BY SCHOOL ADMINISTRATOR

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SECTION I. PARENT OR GUARDIAN

Name of Pupil \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

*I hereby request the authorized school personnel assist this pupil in taking the medication indicated in the manner and dosage prescribed by:*

Name of Physician \_\_\_\_\_

Parent or Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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SECTION II. PHYSICIAN

Name of Medication \_\_\_\_\_ Form \_\_\_\_\_  
(tablets, liquid, inhaler, etc.)

Dose \_\_\_\_\_ Schedule of Doses \_\_\_\_\_ Date of Discontinuance \_\_\_\_\_

Restrictions and Cautions \_\_\_\_\_

*This information is to be used only by the person authorized by the administrator to assist the pupil in taking the prescribed medication.*

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician’s Name Printed \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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SECTION III. SCHOOL ADMINISTRATOR

Name of person(s) designated by the school administrator to assist the pupil in taking the medication:

\_\_\_\_\_

Administrator’s Signature \_\_\_\_\_ Date \_\_\_\_\_