

## St. Junipero Serra Catholic School

23652 Antonio Parkway Rancho Santa Margarita, CA 92688 Phone (949) 888-1990 FAX (949) 888-1994

<b>Medication Administration Au</b>	thorization	School Year:		
Physician Request for Adminis	tration of Medication			
Student's Name:		_DOB: _	Grade:	
Diagnosis/Reason for Medication	1:			
Medication:	Dose:			
Possible Reactions (possible serio localized/systemic, drowsiness):	ous reaction with this med			
Instructions for Emergency Care:				
Disposition of pupil following ad	ministration of medication	n: (please	check one)	
O Rest	O Home O M.D.'s Offi	Home O M.D.'s Office O Hospital O Return to Class		
The above medication cannot be medication may be administered		_	ool hours and this	
Physician's Signature	(Of	(Office Stamp)		
Address	Telephone		Date	
Date of Request		Discontinue Date		

This request is valid for the designated school year only.

**Parental Authorization:** St. Junipero Serra Catholic School recognizes the desirability of following a physician's recommendation as nearly as possible. In so signing, parents or guardians agree to hold the school and/or its personnel/volunteers free from any or all suits which might arise out of these arrangements.

All medication supplied by the parent/guardian must be in the original pharmacy bottle or over-thecounter container and must indicate the student's name, dosage, frequency and physician. All medication must be kept in the Health Room.

As a parent/guardian of	, I request that the
medication indicated on this form be admin	istered to my child in accordance with the written
instructions of the child's physician.	
Signature of Parent/Guardian	Date