



**St. Junipero Serra Catholic School**  
 23652 Antonio Parkway  
 Rancho Santa Margarita, CA 92688 Phone  
 (949) 888-1990  
 FAX (949) 888-1994

## Medication Administration Authorization

**Physician Request for Administration of Medication:**

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Diagnosis/Reason for Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

Possible Reactions: (possible serious reactions with this medication, i.e. allergic reactions, localized/systemic, drowsiness)  
 \_\_\_\_\_

Instructions for emergency care: \_\_\_\_\_

Disposition of pupil following administration of medication: (please check one)

- Rest   
  Home   
  M.D.'s Office   
  Hospital   
  Return to Class

The above medication cannot be scheduled for other than during school hours and this medication may be administered by non-medical school personnel.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**(Office Stamp)**

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone #

\_\_\_\_\_  
 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 at school. 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 must be supplied by the parent/guardian in the original pharmacy bottle or over-the-counter 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 above medication be administered to my child at school in accordance with the written instructions of the child's physician.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date