

**Literacy First Charter School
Medication Authorization Form**

LFCS LA LFCS PA LFCS JA LCHS

In compliance with California Education Code (49423), any prescription or non-prescription medication that needs to be taken while at school must have written authorization from both the physician and the parent. This allows the school's registered nurse or designated school personal to assist students who need to take medications during the school day. **A new form is required if there are any changes in the prescription and at the start of each new school year.**

To be completed by parent or guardian

I, the undersigned parent/guardian of _____ request that the medicine be administered to my child in accordance with Literacy First Charter School policy and the physician's instructions. I also give my permission for the school to contact the physician for further information if necessary.

signature of parent/guardian

today's date

To be completed by Physician

Should it become necessary for the listed medications to be taken during the school day, specific instructions have been given to insure the safety and well-being of the child. (Physician to check)

____ Acetaminophen (Tylenol)	____ Ibuprofen(Advil, Motrin)	____ Diphenhydramine HCL(Benadryl)
May be given for fever or pain per manufactures dosing chart	May be given for fever or pain per manufactures dosing chart	May be given for allergic reaction per manufacturer's dosing chart

**Please include any medications other than inhalers, Epi-pens
Inhalers and Epi – pens require a separate, different form**

name of medication

name of medication

name of medication

dosage

dosage

dosage

time to be given

time to be given

time to be given

duration

duration

duration

Any restrictions and/or important side effects, please describe: _____

Physician's Signature _____ Date _____

Physician's Name _____ Phone _____ Fax _____