Tamalpais Union High School District ~2021-2022 School Year

AUTHORIZATION TO ADMINISTER MEDICATION/TREATMENT
AND AUTHORIZATION TO RELEASE INFORMATION TO PHYSICIAN

Student: ______________________________________________________  Phone:__________________ Date:____________
Grade:________  Physician:_______________________________________________  Physician’s Phone:_________________

MEDICATIONS: (Keep medication in original container*)

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<tr>
<th>Medication</th>
<th>Dose</th>
<th>Time</th>
<th>Instructions including method</th>
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Additional information and or precautions regarding medication or student’s condition: (please include specific instructions for PRN, or as needed medications **)

__________________________________________________________________________
__________________________________________________________________________

I, ____________________, the Parent or Guardian of the above student, and have lawful custody of said child. I hereby
give consent to appropriate district personnel to administer or assist in administering, or allow my child to self-administer,
medication and/or treatment as specified by Dr.______________________, named above. I hereby give consent to the
district to receive from or send to Dr.____________________ any information concerning my child’s medical condition.

Signed by Parent or Gaurdian___________________________________________________________,  (date)

I am a PHYSICIAN actively licensed by the State of California and I authorize the above specified medication/treatment.

________________________________________ M.D., ________________  (date)
_____________________________________,Student  (date)

PLEASE NOTE: It is the parents'/guardians' responsibility to see that this form is updated on a yearly basis or more often
as needed should a child’s medication, dosage, frequency of administration, or reason for administration change***. Return
form to the School Nurse Office.

*Parents/guardians shall provide medications in properly labeled, original containers along with the physician's instructions. For
prescribed medication, the container also shall bear the name and telephone number of the pharmacy, the student's identification, and
the name and phone number of the physician. Medications that are not in their original container shall not be accepted or administered.

**For medication that is to be administered on an as-needed basis, include the specific symptoms that would necessitate
administration of the medication, allowable frequency for administration, and indications for referral for medical evaluation.

***At the beginning of each school year, the Superintendent or designee shall notify parents/guardians of the options available to
students who need to take prescribed medication during the school day and the rights and/or responsibilities of parents/guardians
regarding those options.

The Medications shall be delivered to the school by parents/guardians, unless the Superintendent or designee authorizes another
method of delivery. However, we believe that this authoritarian by the Parent/Guardian to self-administer falls under "another method
of delivery" so Parent/Guardian is not required to deliver the mediation to the school.
Authorization for Self-Administration of Medication

Is the student authorized to self-administer one or all of these medications while at school?

Yes_____ No_____ 

If yes, please complete the contract below.

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CONTRACT FOR SELF- ADMINISTERING MEDICATION AT SCHOOL

___________________________________ (student's name) has been instructed in the proper dosage and administration of
____________________________________________ (medication(s))

We ________________________________ (Name of Parent or Guardian) and ___________________________________
(Name of physician) request that ___________________________________ (Name of student) be permitted to carry their
medication on their person and self-administer it as directed by our physician, and in compliance with District policy and
procedures. In addition, I ______________________________ (Name of Parent or Guardian) release the school district and
school personnel from civil liability if my self-administering Student suffers an adverse reaction as a result of self-administering
medication pursuant to this paragraph.

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