

Tamalpais Union High School District ~ 2019-2020 School Year
AUTHORIZATION TO ADMINISTER MEDICATION/TREATMENT
AND AUTHORIZATION TO RELEASE INFORMATION TO PHYSICIAN

Student: _____ Phone: _____ Date: _____

Grade ____ Physician _____ Physician's Phone _____

1. MEDICATIONS

Medication	Dose	Time	Duration	Common Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Additional information and or precautions regarding medication or student's condition:

3. 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.

CONTRACT FOR SELF-ADMINISTERING MEDICATION AT SCHOOL

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

We, (I) _____ (*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.

 I _____, am 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 Guardian _____, _____ (*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/treatment change. Return form to Health Specialist, 1327 Sir Francis Drake
 Blvd, San Anselmo, CA 94960 for FAX: 415-458-3479.