

**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 \_\_\_\_\_

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.**

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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, (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.

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 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 at your school site.