

**Tamalpais Union High School District**  
 Authorization to Administer Medication/Treatment  
 Authorization to Release Information

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 following contract:

**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 his/her medication on his/her 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. E(1) 5141.21