

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

**Redwood Christian Schools**  
**AUTHORIZATION FOR MEDICATION TO BE GIVEN AT SCHOOL**

Please keep this form on file at home until it is needed.

Dear Parent,

California Education Code 49423 requires that a school have a **written authorization from both parent and physician** in order for prescribed medicine to be given to a student by our office staff. **Please make every effort to administer medications before and after school.** In case this is not possible, we offer this form for use should a need occur. We suggest that you take it with you when your child visits the doctor. **Without written authorization, no medication will be given to a student by school staff.** Additional copies of this form are available in our campus office and on the school website: [www.rcs.edu](http://www.rcs.edu).

All medications must be in their original containers and must be checked in and out of the campus office.

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

Duration dates \_\_\_\_\_

Instructions \_\_\_\_\_

Possible side effects \_\_\_\_\_

**A. Prescribed Medicine**

*I request that RCS administer the above medication to this student according to the physician's instructions.*

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**B. Over-the-Counter Medicine**

*I request that RCS administer the above medication to this student.*

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

RCS Representative receiving/releasing of medication \_\_\_\_\_ Initial \_\_\_\_\_

Use reverse side of page for medications that need to be received/released more than once.

