

HARVEST CHRISTIAN SCHOOL Administration of Prescribed Medication for Pupil

(Education Code Section 49423)

):	
	(Principal's Name)
	Physician's Statement
	is under my professional car
	and is on the following medication:
):	Medication: Current Dosage:
	Method medication is taken
	Date medication to be started Date to be ended
	Time schedule
	Precautions, if any
	administering of the prescribed medication during school hours. Date: Signature of Physician:
	Parent(s) or Guardian Statement:
	As the parent(s) or guardian of
	(we) (I) request Harvest Christian School assist in carrying out
	(Physician's Name)
	As the parent(s) or guardian of(Student's Name) (we) (I) request Harvest Christian School assist in carrying out

NO MEDICATION WILL BE ADMINISTERED WITHOUT THE SIGNATURES OF THE PHYSICIAN AND PARENT/GUARDIAN

(Please return this form to the school office)

Note: When possible medication should be administered outside of the school day. The school should be requested to assist the child with medication only in exceptional cases when the child's health condition requires medication during the hours school is in session.