

Authorization to Dispense Medication

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician and the parent. All medication shall be stored and administered in accordance with the prescription or label instructions and kept in a safe place that is inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, dosage, date and time given, and the name of the person dispensing the medication.

Student's Full Name	
School	Sacramento Adventist Academy
Name of Medication or Prescription	
Beginning Date	August 22, 2024
Ending Date	June 30, 2025
Time(s) of Day to be Given	
Amount/Dosage to be Given <i>(please supply your child's own dispenser for giving liquid medication)</i>	
Additional Instructions, if any	
Physician's Name	
Physician's Signature	

Date	Time	Dosage	Signature

Additional sheets will be attached as necessary

Parent Agreement	<p>I have delivered the above medication in the original container and request that it be given to my child at school by personnel as prescribed. I have provided a proper measuring spoon for any liquid medication. I recognize that the school does not have a medically trained employee available to administer this medication and that a medically untrained person will perform this function. I have provided all necessary instruction on this form. I release the school, its personnel, and the Northern California Conference of Seventh-day Adventists from any liability in relation to the administration of this medication at school.</p> <p>Signature _____</p> <p>Date _____</p>
Medication Return	<p>Medication was returned to the family by:</p> <p>Name of School personnel _____</p> <p>Date _____</p>



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