



HERITAGE OAK *Private Education*

MEDICATION CONSENT FORM

THIS FORM IS REQUIRED FOR MEDICATIONS ADMINISTERED AT SCHOOL

Student Name: _____ Grade: _____ Teacher: _____ Age: _____

This form gives Heritage Oak Private Education personnel permission to administer prescription or over-the-counter medication to your child.

California Ed Code 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school or maintain or improve the potential for education and learning.

Medication must be in the original container. No medication (including over-the-counter medication and supplements) will be given at school without a **current** "Medication Consent Form"

Any change in medication (i.e. dosages) requires a **NEW** medication consent form to be filled out.

Persons dispensing medications are not medically trained health care professionals and cannot be held liable for any adverse reactions suffered by the student as a result of taking the medication (53A-11-601).

Note: If the medication is not picked up by parents from school within 30 days, it will be properly disposed of.

Name of Medication	Purpose of Medication	Dosage Prescribed	Dosage Schedule (Routine/As Needed)

To Be Completed By The Parent/Legal Guardian

I acknowledge that I have read and understand the medication policy as it applies to my child.

Parent/Legal Guardian Signature: _____ Date: _____

This request is valid for a maximum of one year