



CALVARY CHAPEL RIALTO CHRISTIAN SCHOOL

1391 W. Merrill Ave., Rialto, CA 92376 • (909) 820-9072 • fax (909) 820-7399 • school@ccrialto.org • www.ccrialto.com

Dear Parent/Guardian:

Calvary Chapel Rialto Christian School recognizes that it is sometimes necessary to have medication administered to students during regular school hours. It is preferable, however, if you and your physician can arrange the giving of medication on a schedule outside of school hours.

The California Education Code, Section 49423, permits schools to assist with administering medication during the school day. The site administrator will designate person(s) responsible for administering the medication after the following conditions have been met:

- The physician (who must be licensed in California) provides written directions and authorizations for the medications prescribed on School Consent Form A
- The parent authorizes the child to receive medication on the School Consent Form A
- The medication supply is brought to school by the parent or an adult designee in a pharmacy container with a pharmacy label, specific to the child, and from a pharmacy in the United States
- A new School Consent Form A has been provided whenever a change is made in the prescription or dosage

Please be aware that a new **School Consent Form A is required at the beginning of each new school year** and that only a parent may administer a medication to a child without School Consent Form A being completed by the physician. Further, no over-the-counter medications can be given at school without a physician or parent authorization.

Students are not permitted to carry prescribed or over-the-counter medications on campus or their person with the exception of an asthma inhaler or Epi-pen as ordered by their physician. However, School Consent Form A is still required.

Your cooperation is appreciated in picking up unused medications from the school office at the close of the school year. Medication remaining after the last day of school will be discarded.

Any further questions may be directed to the school office at (909) 820-9072.

Thank you.



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AUTHORIZATION FOR ADMINISTERING MEDICATION AT SCHOOL (CONSENT FORM A)

California Education Code, Section 49423, allows 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, to maintain or improve health status, and to improve the potential for educational learning.

Student's Name: _____ Birth Date: _____ Grade: _____
Phone Number: _____ Cell Number: _____
School Address: _____ Fax: _____

THIS SECTION TO BE COMPLETED BY PHYSICIAN LICENSED IN CALIFORNIA

Diagnosis: _____

#1 Medication prescribed: _____

Dose amount: _____ Dose form: _____

Time: _____ Dose of administration: _____ Date of prescription: _____ Duration: _____

Precautions or possible adverse side effects including storage instructions: _____

Diagnosis: _____

#2 Medication prescribed: _____

Dose amount: _____ Dose form: _____

Time: _____ Dose of administration: _____ Date of prescription: _____ Duration: _____

Precautions or possible adverse side effects including storage instructions: _____

It is necessary for this medication to be taken by the above named student during the school day as prescribed.

Physician: _____ Date: _____

(Signature)

Address: _____

Phone Number: _____ Fax: _____

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

I authorize school personnel to administer the above medication to my child as ordered by our physician. I authorize designated staff to communicate with the physician regarding my child's medical condition or the medication prescribed.

Parent/Guardian: _____ Date: _____

(Signature)

Phone/Home: _____ Work: _____ Cell: _____

NO OVER-THE-COUNTER MEDICATIONS WILL BE GIVEN AT SCHOOL WITHOUT A PARENT'S AUTHORIZATION ON SCHOOL CONSENT FORM A. MEDICATION MUST BE DELIVERED TO THE SCHOOL OFFICE BY THE PARENT OR DESIGNATED ADULT.

- MEDICATION MUST BE IN AN ORIGINAL CONTAINER, PROPERLY LABELED BY THE PHARMACY.
- NO OTHER CONTAINERS WILL BE ACCEPTED.
- THIS FORM MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR.
- THIS FORM MUST BE RENEWED WHENEVER THERE IS A CHANGE IN PRESCRIPTION.

Form Med A 2/22/2022

