Grass Valley Charter School

An Expeditionary Learning Mentor School

225 South Auburn Street Grass Valley, CA 95945 530-273-8723 FAX 530-274-9872



MEDICATION ON FIELDWORK

Dear parent or guardian,

Please complete the form below if your child needs to take medication (both prescription and over the counter medications) while on fieldwork. Your physician will need to complete Section I, and you will need to complete Section II.

In accordance with Education Code 49423, medication cannot be given to your child by school personnel unless the school has written instructions from your child's physician stating the name of the medication, dosage to be given, time(s) to be administered, and a specific written directive for school personnel to administer the medication. In addition to the physician's instructions, it will be necessary to have the same written instructions from you, the parent or guardian, as well.

Section I	PHYSICIAN'S INSTRUC	TIONS	Date:
Grass Valley	y Charter School personnel ı	may give	student's name
the medication as prescribed below:			student's name
Name of medication:			Student's DOB:
Dosage:			
Time(s) of administering:			
Physician's	name and signature:	physician's name	physician's signature
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Section II	PARENT/GUARDIAN'S	INSTRUCTIONS	Date:
I hereby authorize Grass Valley Charter School personnel to administer medication to my child,			
	, whi	ile on fieldwork as dir	ected by the physician above.
Name of me	edication:		
Dosage:			
Time(s) of a	dministering:		
Parent/guardian's name and signature:			parent'/guardian's signature