



MORGAN HILL UNIFIED SCHOOL
15600 Concord Circle, Morgan Hill, CA 95037
 Ph: (408) 201-6000 Fax: (408) 778-0436

MEDICAL INSTRUCTIONS FROM PHYSICIAN

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 (Student) Last First Birthdate

 Nurse School Address

The Morgan Hill Unified School District medication policy provides for the assistance in the administration of medication by a school nurse or other designated school personnel. The following information is required before we assume the responsibility of assisting the administration of medication.

Physician's Diagnosis: _____

Name of Medication: _____

Dosage: _____

Directions: (to include method, frequency, special instructions)

For inhaler use or EpiPen users only: Student may carry medication on person. _____ Yes
 _____ No

I hereby authorize the school nurse or other designated school personnel to assist in the administration of medication as described above.

 Signature, M.D. Date

 Signature, Parent Date

Important: Parents will be responsible for seeing that an adequate supply of medication is provided to the school. A change in dosage and/or time requires a new written authorization from physician.

Original – Health Insert Yellow – Keep with Medication