Literacy First Charter Schools
"The tree of knowledge begins with literacy."

Literacy First Charter School
Medication Authorization Form

LFCS LA ☐ **LFCS PA** ☐ **LFCS JA** ☐ **LCHS** ☐

In compliance with California Education Code (49423), any prescription or non-prescription medication that needs to be taken while at school must have written authorization from both the physician and the parent. This allows the school's registered nurse or designated school personal to assist students who need to take medications during the school day. **A new form is required if there are any changes in the prescription and at the start of each new school year.**

To be completed by parent or guardian

I, the undersigned parent/guardian of _____request that the medicine be administered to my child in accordance with Literacy First Charter School policy and the physician's instructions. I also give my permission for the school to contact the physician for further information if necessary.

_____ _____

signature of parent/guardian today's date

To be completed by Physician

Should it become necessary for the listed medications to be taken during the school day, specific instructions have been given to insure the safety and well-being of the child. (Physician to check)

___ Acetaminophen (**Tylenol**) May be given for fever or pain per manufactures dosing chart

____Ibuprofen(**Advil, Motrin**) May be given for fever or pain per manufactures dosing chart

____Diphenhydramine HCL(**Benadryl**) May be given for allergic reaction per manufacturer's dosing chart

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Please include any medications *other than inhalers, Epi-pens*
Inhalers and Epi – pens require a separate, different form

_____ name of medication	_____ name of medication	_____ name of medication
_____ dosage	_____ dosage	_____ dosage
_____ time to be given	_____ time to be given	_____ time to be given
_____ duration	_____ duration	_____ duration

Any restrictions and/or important side effects, please describe:_____

Physician's Signature_____Date_____

Physician's Name_____Phone_____Fax_____

LITERACY FIRST CHARTER SCHOOLS, Inc
Ph #– Liberty Academy 619-579-7233 PA: 619-579-7232 JA: 619-596-5665 HS: 619-668-2131
Fax# – Liberty Academy 619-579-1558 PA: 619-579-5730 JA: 619-596-8511 HS: 619-668-2133