



Ramona Unified School District  
720 Ninth Street, Ramona, CA 92065  
(760) 787-2000 Fax: (760) 789-9168

To: All Parents/Guardians Date:  
From: Health Services  
Re: **Parent Authorization for Short Term Medication at School**

The Ramona Unified school District has the following policy for short-term medications for your child during school hours. This authorization is valid for **three days only**. After that time, a Physician's Statement is required for any medication at school.

- An adult, upon arrival at school, must bring the medication to the Health Office. No medications are to be kept in the lunch box, classroom or with the student.
- Medication must be in the original container with the student's name, dosage, and the time to be given on the container.
- This form or a parent/guardian's signed note must accompany the medication with the date, amount and time of dosage plus the reason for the medication.

**Note: No medication will be given without the parent's signed permission form on file.**

- Loose pills, pills in plastic baggies or other unmarked containers are NOT acceptable and will not be dispensed to the student.
- The dispensing of medication on the school site requires careful guidelines and monitoring for the safety of your child and all students. We request your serious cooperation in our endeavor to make our Health Office a safe and efficient part of you child's school support team.

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**Parent Authorization for Short Term Medication at School**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Teacher: \_\_\_\_\_

***This form is valid only for school year 20\_\_ to 20\_\_***

Name of medication: \_\_\_\_\_

Dosage of medication: \_\_\_\_\_

Time medication is to be taken: \_\_\_\_\_ Number of Days to be taken: \_\_\_\_\_

**No medication will be given for more than three (3) days without a signed doctor's order.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date