



# MONTEBELLO UNIFIED SCHOOL DISTRICT

## AUTHORIZATION FOR ADMINISTRATION OF MEDICINE & EMERGENCY CONTACT

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(Blue Cross, Kaiser) (or member number)

**Please list any medications currently prescribed or taken by this minor:**

Name of Medication: \_\_\_\_\_ Reason for Administration: \_\_\_\_\_

Dose or amount of Medication: \_\_\_\_\_ Daily Frequency: \_\_\_\_\_ Time(s) to be Given: \_\_\_\_\_

Intended effect and possible side effects: \_\_\_\_\_

May this minor be given acetaminophen (i.e. **TYLENOL**)? YES NO

May this minor be given ibuprofen (i.e. **ADVIL, MOTRIN**)? YES NO

May this minor be given naproxen sodium (i.e. **ALEVE**)? YES NO

Date of last **TETANUS BOOSTER**: \_\_\_\_\_ Wears contact lenses? YES NO

Please list any known allergies to foods or drugs: \_\_\_\_\_

Please identify any other conditions, medical history or information that may concern this minor should an emergency occur:  
\_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone( ) \_\_\_\_\_  
(Name and/or Medical Group)

City, State and Zip: \_\_\_\_\_ Emergency Phone( ) \_\_\_\_\_

Persons other than parent to contact in the event of an emergency:

\_\_\_\_\_  
(Name) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_ Other Phone( ) \_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_ Other Phone( ) \_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_ Other Phone( ) \_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
Signature (Parent/Guardian) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
(Print Parent/Guardian Name)

Other Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature (Parent/Guardian) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
(Print Parent/Guardian Name)

Other Phone ( ) \_\_\_\_\_