



Asthma History

Authorization for Administration of Medication

and time dose and time matches dose

*******IMPORTANT NOTE*******

The completed forms AND prescribed medication must be received at the enrollment center before your child can attend preschool.

All medication must be in a pharmacy labeled box or in the original box/container (for over-the-counter medication).

Sacramento City Unified School District
Child Development Department

Asthma History Form

Student Name: _____ Date of Birth: _____
Parent(s)/Guardian(s) _____ Preschool: _____

When first diagnosed?

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Community, Health and Education Support Services Division
Health Services Office

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

III. Parent Request

Please check one of these boxes.

5 I/We the undersigned who am/are the parent(s) of _____ B B B B