

Request for Assistance with Medication During Regular School Day

Districts require that all students who need medication during school hours must do the following:

1. Present a written statement from the student's physician detailing the method, amount and time schedules for the taking of the medication.
2. Present a written statement from the student's parent/guardian requesting the District to assist the student in taking the prescribed medication.
3. Bring the medication in the original bottle properly labeled.

Students may not carry medications on their persons or keep it in their lockers.

To Be Completed By Parent:

Last Name of Student	First Name	Sex	Date of Birth
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School

I request that designated District personnel (not necessarily a school nurse) assist my child in taking the medication in accordance with the instruction provided below by the physician. I authorize the District to communicate with the physician below regarding my child's medical condition and/or the medication prescribed for it. I authorize the physician to communicate to the District personnel any special circumstances related to medication administration.

Date

Date	Telephone	Signature of Parent/Guardian
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To be Completed by a Licensed Physician:

Name of Medication	Telephone	Purpose of Medication
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Dosage Prescribed	Time Schedule	Dose Form (Tablet, Liquid, etc)
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Date of Prescription	Length of Time to be Taken	Method of Administration
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DESCRIBE PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE SIDE EFFECTS, OR OTHER COMMENTS (PLEASE INCLUDE STORAGE INSTRUCTIONS)

The above named student for whom medication is prescribed is under my care.

Print or Type Name of Physician	Signature of Parent/Guardian
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Address	Telephone	Date
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This request expires at the end of each school year