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### **Request for Assistance with Medication By School Personnel**

Any student who is required to take prescription or over-the-counter medication prescribed by a physician may be assisted by a school nurse or other designated school personnel. This accommodation is provided only when the schedule of medication would otherwise require the student to remain home, when medication is needed for emergency situations, or for specific health reasons.

All medication administered at school must be provided to the school in the original container from the pharmacist, complete with the physician's directions on the container detailing the method, amount, and time schedule by which the medication is to be taken. *If the dosage is changed it must indicate so in writing on the medication form and on the prescription label.* The parent/guardian must provide an appropriate dosage measuring device, especially for liquid medication.

All information requested below is necessary if school personnel are to give medication to a student during school hours:

1. Student's Full Name \_\_\_\_\_
2. Medication Name \_\_\_\_\_
3. Diagnosis \_\_\_\_\_
4. Prescription Number \_\_\_\_\_ Dosage \_\_\_\_\_
5. Name of Pharmacy Filling Prescription \_\_\_\_\_ Phone \_\_\_\_\_
6. Name of Physician Prescribing Medication \_\_\_\_\_
7. Time(s) of Day Medication is to be Administered \_\_\_\_\_
8. Anticipated Reactions, If any, to Medication \_\_\_\_\_

My signature below verifies that:

1. I am the parent or legal guardian of the student named hereon:
2. The medication I am providing is in the original container from the pharmacist, complete with physician's directions on the container;
3. I agree to hold Pacific Collegiate School harmless from any and all liability resulting from the administration of medication in the manner directed.
- 4.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Fax \_\_\_\_\_