REQUEST FOR ASSISTANCE WITH MEDICATION DURING REGULAR SCHOOL DAY

School 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 taking of the medication.
2. Present a written statement from the student's parent/guardian requesting the District to assist the student with the proper procedure of taking the medication.
3. The medication must be in the original bottle or package, and properly labeled.

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

Parent/Guardian Request for Assistance:

Student Name ____Sex_______ Date of Birth____________

I request that the designated District personnel (not necessarily the school nurse) assist my child in taking the medication in accordance with the instructions provided below by the physician. I authorized the District to communicate with the physician below regarding my child's medical condition and/or the medication prescribed. I authorized the physician to communicate with the District for any special circumstances related to the medication administration. I authorize the designated District personnel to share this medical information with other District staff as needed.

Parent Signature ____ Phone____________________ Date________

Licensed Physician's Medication Instructions

Name of Medication ____ Purpose________________________

Date of Prescription ______________________________________ Length of time to be taken________________

Instructions for administrating the medication ____

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Describe precautions, special instructions, side effects or other (please include storage instructions) ____________

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I am the prescribing physician for the above student:

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Printed Name of Physician

Address____Telephone____________________ Date_______

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Signature and License Number of Physician

THIS REQUEST EXPIRES AT THE END OF THE SCHOOL YEAR