

Holy Rosary School
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REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS
THIS FORM MUST BE RENEWED EACH SCHOOL YEAR

POLICIES AND PROCEDURES ON REVERSE SIDE

TO BE COMPLETED BY PARENT/GUARDIAN: (1 form per medication)

(please print information)

Student's Name _____ Grade _____

Name of Medication

Dose

Time(s) to be given

Number of Days

I request that my child, named above, be assisted in taking the prescribed or over-the-counter medication at school by authorized persons and will comply with the school's policies and procedures.

I have provided the medication in its original container and labeled as above.

Date

Daytime Telephone Number

Parent/Guardian Signature

TO BE COMPLETED BY A LICENSED PHYSICIAN (for all prescription and aspirin)

(please print) Student's Medication

Purpose of Medication

Dosage Prescribed

Time(s) to be given

Dose Form (tablet, liquid, etc.)

ANY PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS OR COMMENTS

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

(please print) Physician's Name

Physician's Signature

Physician's Address

City

Telephone

Date

GUIDELINES FOR THE ADMINISTRATION OF MEDICATIONS AT SCHOOL

A. General Policy

1. All medication to be given to students must be authorized by a parent/legal guardian.
2. All prescription medication, aspirin or pain reliever requires a physician's and parent/legal guardian authorization.
3. No student shall be given medication during school hours without a written request from the physician responsible for the medical management of student and parent/legal guardian.

B. Responsibility of the Parents/Legal Guardians

1. Parent/Legal Guardian shall obtain **Request for Medication Form** (Appendix 6009A) as needed at the school office. If you are bringing in more than one medication, then you'll need to obtain several forms. It is required that a **separate request form** be submitted **for each medication**. Additional forms available at the school office.
2. Parent/Legal Guardian will assume full responsibility for the supplying of all medication.
3. No medication may be brought to school by the student.
4. Parent/Legal Guardian shall deliver or cause to be delivered by an adult or an authorized employee of a pharmaceutical supplier, any medication to be administered under the provision of this policy.
5. Parent/Legal Guardian shall pick up all medication at the end of the school year or it will be disposed.
6. Parent/Legal Guardian shall renew **Request for Medication Form** (Appendix 6009A) and re-supply medication each year.

C. Responsibility of the Physician

1. A separate **Request for Medication Form** (Appendix 6009A) **for each prescribed medication** must be completed and signed by the student's physician, signed by the parent/legal guardian, and filed with the school administrator or his/her designated representative.
2. **THE CONTAINER MUST BE CLEARLY LABELED WITH THE FOLLOWING INFORMATION**
 - student's full name
 - physician's name
 - physician's telephone number
 - name of medication
 - dosage and frequency of medication
 - date of expiration of the prescription
3. Each medication is to be in a separate container labeled as above.

D. Responsibility of School Personnel

1. Students taking medication will be assisted by authorized school personnel. This shall be done in accordance with the physician's instruction.
2. All medication administered by school personnel must be kept locked in a secured place under appropriate temperature conditions.

E. ASPIRIN AND OTHER OVER-THE-COUNTER DRUGS

1. The dispensing of aspirin or pain reliever will be treated as a prescription drug. No aspirin or pain reliever will be administered to students by any school personnel without written authorization from the student's physician.
2. Students requiring over-the-counter drugs (with the exception of aspirin or pain reliever) will be assisted by authorized school personnel. This should be done in accordance with the parent's/legal guardian's instruction provided a signed request form (Appendix 6009A) is on file for the specified medication and all items listed above in B,C(2) and C(3) have been complied with.
3. A physician's authorization is advised but not required for over-the-counter medication (with the exception of aspirin or pain reliever).