Beverly Hills Unified School District
255 South Lasky Drive
Beverly Hills, Ca. 90212
(310) 551-5100

Request for Assistance with Medication During Regular School Day

All students who need medication during school hours must have this form completed and on file in the School Health Office. This applies to both over-the-counter and prescription medications. Medication must be in the original container and properly labeled. All medication must be administered by designated District personnel.

To Be Completed By Parent:

Last Name of Student | First Name | Sex | Date of Birth

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 | Telephone | Signature of Parent/Guardian

To be Completed by a Licensed Physician:

Name of Medication | Telephone | Purpose of Medication

Dosage Prescribed | Time Schedule | Dose Form (Tablet, Liquid, etc)

Date of Prescription | Length of Time to be Taken | Method of Administration

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

Address | Telephone | Date

This request expires at the end of each school year