

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:**

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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

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)

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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**