

Holtville Unified School District
Nursing Services
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:
 (CEC 49423)

1. Present a written statement from the student's M.D., Nurse practitioner, Dentist, or Podiatrist detailing the method, amount, and time schedules for the taking of the medication.
2. Present a written statement from the student's parent/guardian requesting the District to assist the student in taking the prescribed medication.
3. Bring the medication in the original bottle, properly labeled.

*****Students may not carry medications on their persons unless requested in writing by the physician and parent.**

TO BE COMPLETED BY PARENT:

Last Name of Student	First Name	Sex	Date of Birth
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School	Teacher	Grade
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I request that designated District personnel, who may be an unlicensed person, not necessarily a school nurse, assist my child in taking the medication in accordance with the instructions 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.

Date	Telephone	Signature of Parent/Guardian
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TO BE COMPLETED BY A LICENSED PHYSICIAN:

Name of Medication	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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Student may carry and administer own inhaler/ Epi-Pen (please circle one).

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 Physician
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Address	Telephone	Date
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THIS REQUEST EXPIRES AT THE END OF THE SCHOOL YEAR