LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

(To be completed by a CA Licensed Health Care Provider)

Student name ______________________ ____ ________ ______________
Last First Sex Birth date School

Name of medication ______________________ Date of prescription ____________

Dosage prescribed ________________ Time schedule at school ________________

Dose form ________________________ Route ______________________
(Tablet, liquid, injection, inhalant, etc.)

Purpose of medication or diagnosis ______________________________________

Licensed Health Care Provider's Recommendations (Check where applicable)

☐ The medication may have adverse side effects (explain) ______________________

____

☐ Special instructions and/or comments ______________________________________

____

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

______________________ ______________________ ____________
Print name/Title Signature Date

____ (___)__________
Address City State Zip code Telephone

Print name of Supervising Physician ______________________________ (NP, Midwife, PA)

Furnishing Number ________________ (NP/Midwife)

REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

(To be completed by parent/guardian)

I request that my child ________________________, be assisted in using prescribed medication at school. I assume full responsibility for supplying all medication and shall deliver it, or have it delivered, to the school by another responsible adult, and agree to the District policies and procedures listed on the reverse side. I give my permission for the exchange of medical information regarding administration of medication at school with the authorized health care provider and pharmacist.

________ ________________________ ________________________
Date Signature of Parent/Guardian/Student 18 years Printed Name

(____)______________ (____)______________ (____)______________
Home telephone Work telephone Cellular telephone