

Our Lady Of The Assumption School
796 West 48th Street
San Bernardino, CA 92407
Phone: (909)881-2416 Fax: (909)886-7892
E-mail: OLAssumption@sbdioocese.org
Website: www.olabruins.com

Request for Medication to be Taken During School Hours
(This form must be renewed each school year.)

To be completed by parent (for all medications):

Name of student: _____ Grade: _____

Name of medication	Dose	Time(s) to be given	# of days
--------------------	------	---------------------	-----------

I request that my child, named above, be assisted in taking the prescribed medication at school by authorized persons. I agree to comply with the school's policies and procedures. I have provided the medication in its original container and labeled as above.

Date	Daytime phone number	Parent/guardian signature
------	----------------------	---------------------------

.....
To be completed by a licensed physician for all medications (inc. over the counter):

Name of medication	Purpose of medication
--------------------	-----------------------

Date prescribed	Dosage	Frequency	Duration
-----------------	--------	-----------	----------

Precautions, special instructions, possible side effects, comments:

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

Print name of physician	Signature of physician
-------------------------	------------------------

Date	Telephone number
------	------------------