MEDICATION REQUEST FORM
PARENT REQUEST

STUDENT NAME: _____

SCHOOL: _____

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to dispense medication to the above identified student in accordance with the prescription or doctor's instructions for the period commencing with the _____ day of _____, 20___, through the _____ day of _____, 20___. I understand and agree that because of schedule and other responsibilities, a dosage or dosages may be delayed or missed.

_____ SIGNATURE: _____
Date of Signature

TELEPHONE NUMBER: _____
Home / Work

PHYSICIAN/DENTIST REQUEST

MEDICATION (Name, dosage): _____

ADMINISTRATION SCHEDULE: _____

FURTHER INSTRUCTIONS (Possible reactions, etc): This section must be completed if medication is to be dispensed for **more than 15 days**: _____

_____

I request and authorize that the above named student be administered the above identified oral medication in accordance with the instructions indicated above for the period commencing with the _____ day of _____, 20___, through the _____ day of _____, 20___, as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.

_____ _____
Date of Signature Physician's/Dentist's Signature

NAME: _____
(Print or Type)

TELEPHONE NUMBER: _____

Assumption Parish
Catholic School
"Learning in the light of the Gospel"

3618 West Indian Trail Road, Spokane WA 99208 • Phone: (509) 328-1115 • FAX: (509) 328-7872
Website: www.assumptionspokane.org

HEALTH CARE PLAN

Student name:_____

Parent name:_____

Health Care Professional's Name:_____

Phone numbers in case of an emergency:_____

Medical Condition:

Steps for care in case of an emergency:
1.

2.

3.

4.

5.

Medications student is taking:

____This information may be shared with playground supervisors, classroom aides and teachers.

Parent Signature:_____

Health Care Professional Signature:_____

Principal's Signature: _____

Please list any additional information on the back of this form.