Beverly Hills Unified School District
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:

Last Name of Student	First Name	Sex	Date of Birth

School	Parent Signature	Date

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.

To be Completed by a Licensed Physician:

Name of Medication	Telephone	Purpose of Medication

Dosage Prescribed	Time Schedule	Dose Form (Tablet, Liquid, Etc)

Date of Prescription	Length of Time to be Taken	Method of Administration

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/Type Name of Physician	Signature of Physician

Physician Address	Telephone	Date

This request expires at the end of each school year