Assistance League® of Flintridge
SUMMER SCHOOL

PHYSICIAN'S RECOMMENDATIONS FOR MEDICATION

This request is to be filled in and signed by a licensed physician; the request should then be signed by the parent/guardian and returned to school.

Student Name____ Date of birth: __________________

School: ______________________________________ Grade:__________ Teacher: _______________________

Diagnosis or Indication for Medication: ____

Name of Medication	Form (capsule, tablet, etc.)	Dosage	Approximate Time of Day

PRECAUTIONS: Special Instructions, Possible Adverse Effects, Comments:

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Effective date: from: ____ to: ____________________________

It is necessary for this medication to be taken during the school day at the time(s) indicated above and the medication may be administered by medically untrained personnel.

Physician's Signature: _____________________________________ Date: ___________________________

Physician Name (print): ____________________________________ License No.: ______________________

Address: ____ Phone: __________________________

The law allows any person to assist in carrying out a physician's recommendations. The school recognizes the desirability of following a physician's recommendations as nearly as possible. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the school or its personnel free from any or all suits which might arise out of these arrangements.

I request that my child, ______________________________________ be assisted in taking the above prescribed medication at school by authorized persons, and will comply with the school's policies and procedures listed on the back of this form. I also give my permission for school personnel to contact the physician for further information if necessary.

Parent/Guardian Signature: ___________________________________ Date:____________________________

Phone: Home: ____ Work: ___________________________

This form must be renewed whenever the prescription changes and is valid through the duration of the summer session. A new form is required each year.