

FrostigSchool
“Request for Medication” Form

Frostig School FAX: (626) 798-1801 / Please fax forms to the attention of: Kathleen Birk

This section is to be filled out by the prescribing physician **ONLY**. Please fill out **ALL** areas completely. **NO** medication/s (either prescription or NON-prescription) may be given without a signature from a doctor. There are **NO** exceptions.

Student's Name: _____ DOB: ____/____/____ Today's Date: ____/____/____

The above named student, for whom this medication is prescribed, is under my care for the following diagnosis:

<u>Prescription Medication/s</u>	<u>NON-Prescription Medication/s</u>
1. Med: _____ Dosage: _____ Time: _____	1. Med: _____ Dosage: _____ Time: _____
2. Med: _____ Dosage: _____ Time: _____	2. Med: _____ Dosage: _____ Time: _____
3. Med: _____ Dosage: _____ Time: _____	3. Med: _____ Dosage: _____ Time: _____

Note: All prescription medications will be given within a 15-minute window of prescribed time, due to school scheduling

Physician's Stamp

Physician's Signature: _____

Phone Number: _____

This Section MUST Be Filled Out and signed By Parent/Guardian

I request that authorized persons assist my child, _____ in taking the above prescribed medication/s at school. I also give my permission for the administering staff to speak with my child's physician concerning the above medication. I will comply with **ALL** of Frostig's medication policies and procedures.

Parents are responsible for supplying ALL medications in their original containers! The Frostig School does NOT supply any non-prescription medications, i.e. Tylenol, aspirin, Advil, Midol, cough drops, etc.

Parent/Guardian (Please print): _____ Signature of Parent/Guardian: _____

Home Phone: _____ Emergency/Cell Phone: _____ E-mail: _____

PLEASE NOTE: Each time any medication is changed in type or dosage and/or a temporary short-term medication is being taken; the parent must provide a new completed "Request for Medication Form." This form will remain in effect until the beginning of a new fall semester.

Date received: _____ DMS: _____