

# FrostigSchool

## Request for Medication Form

Frostig School FAX: (626) 798-1801

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:

### Prescription Medication/s

1. Med: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

2. Med: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

3. Med: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

### NON-Prescription Medication/s

1. Med: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

2. 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: \_\_\_\_\_