



SAINT JOSEPH NOTRE DAME HIGH SCHOOL

1011 Chestnut Street

Alameda, CA 94501

510.523.1526 Main Office 510.523.2181 FAX

REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL BUSINESS HOURS

THIS FORM MUST BE RENEWED EACH SCHOOL YEAR

TO BE COMPLETED BY PARENT: (For all medications)

Name of Student: _____ Grade: _____

_____	_____	_____	_____
Name of Medication	Dose	Time(s) to be given	Number of Days

I request that my child, named above, be assisted in taking the prescribed or over-the-counter medication at school by authorized persons and will comply with the school's policies and procedures. I have provided the medication in the original container and labeled as above.

_____	_____	_____	_____
Date	Daytime Phone	Cell Phone	Parent/Legal Guardian Signature

TO BE COMPLETED BY A LICENSED PHYSICIAN: (For all prescriptions and aspirin)

_____	_____
Name of Medication	Purpose of Medication

_____	_____	_____
Dosage Prescribed	Time Scheduled	Dose Form (tablet, liquid, etc.)

_____	_____
Date of Prescription	Length of Time This Medication Will Be Necessary

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS:

If it is medically necessary for a student to carry an epi-pen or an inhaler with them at all times, families must submit a *Permission to Carry and Self-Medicare* form to the Main Office.