

ARROYO PACIFIC ACADEMY

41 West Santa Clara Street • Arcadia, California 91007-3100 • Tel 626.294.0661 • Fax 626.294.0677

REQUEST FOR MEDICATION FORM

To Be Taken During School Hours For Both Prescription and Over-the-Counter

Student's Name: _____ Date: _____

I request that my child be allowed to take the following medication at school according to the stated instructions and in compliance with school policy as stated in the *School Handbook*. I further understand that is solely the responsibility of my child, and not of Arroyo Pacific Academy personnel, to verify that the medication being taken is the correct medication and is being taken properly.

Name(s) of medication:

Purpose of medication/diagnosis:

Prescribed dosage:

Time schedule at school:

Length of time medication will be necessary:

Explain how the medication may have adverse effects:

Special instructions/comments:

I give permission for the school to give my child aspirin when she/he requests aspirin: YES NO

I give permission for the school to give my child Tylenol when she/he requests Tylenol: YES NO

Parent/Guardian Signature

Date

Day Telephone Number

Emergency Telephone Number