Heritage Christian School
North Campus_____ South Campus_____

REQUEST FOR ANY MEDICATION TO BE DISPENSED BY SCHOOL PERSONNEL
(To be completed by a licensed physician)

California Education Code Section, 49423 allows the School board of Hillcrest Christian School dba Heritage Christian School to provide that the principal or his/her designee may assist in carrying out a physician's recommendations with respect to any pupil who is required to take medication during the regular school day. The staff recognizes the desirability of following a physician's recommendations as nearly as possible at school or school sponsored overnight trips. The fact that this is a service or accommodation that 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 claims, demands, or suits which might arise out of these arrangements.

______________________________ ______________ ______ __________
Last Name of Pupil First Name Sex Date of Birth

______________________________ ______________________________
Name of Medication Purpose of Medication

______________ ______________ ______________________________
Dosage Prescribed Time Schedule Dose Form (tablet, liquid, etc.)

______________ ______________________________
Date of Prescription Length of Time This Medication Will be Necessary

Precautions, Special Instructions, Possible Adverse Effects, Comments:______________________________
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The pupil for whom this medication is prescribed is under my care.

______________________________ ______________________________
Print Name of Physician Signature of Physician

______________________________ ______________ ______
Address Phone Date

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I request that my student be assisted in taking the above prescribed or over the counter medication during school hours or on school sponsored travel by an authorized staff member, and will comply with the school's policies and procedures. This is to certify that I have read the physician's recommendations and approve the medicine and medication as set forth herein and request that school personnel assist my child in matters detailed herein. Further, I hereby agree to hold harmless and indemnify the school board, trustees and employees from all claims, damages, or expenses arising out of any injury or death of any person, or damage to property which may result from administering said medication or from any harmful effects of same.

__________ ______________ ______________________________
Date Phone Signature of Parent or Guardian

Please note: All prescription medication must be in the original container with the printed directions on the label. Non-prescription medications will not be given at any time without the above written authorization and instruction from the child's physician.