Our Lady of Grace Catholic School

19920 Anita Ave., Castro Valley, CA 94546
Office (510) 581-3155 ~ Fax (510) 581-1059

Mrs. Susan R. Anderson, Principal

www.olgschool.org

REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL 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 its original container and labeled as above.

_____   _____   _____
Date   Daytime Telephone Number   Parent/Legal Guardian Signature

TO BE COMPLETED BY A LICENSED PHYSICAN: (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:

_____
_____
_____

The student named above, for whom this medication is prescribed, is under my care.

_____   _____
Print Name of Physician   Signature of Physician

_____   _____
Telephone Number   Date

Medication Administration Log

Grade: _____   Year: _____

Student: _____ / Initials: _____ Medication: _____

Dosage: _____ Time(s) to be given: _____

Directions: For each day a medication is administered enter your initials in the date box corresponding with the correct month.
Use the key to document reasons the medication was not given.
If more than two doses are given on the same day, draw a diagonal line through the square and initial each area as given.
Draw a line or x through the unused dates.
Maintain this form for three years after the student will turn 21.

Key: A: absent, X: school not in session, D/C: discontinued, N/A: Not available, R: refused, M: missed

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
March																															
April																															
May																															
June																															
July																															