

BETHANY LUTHERAN SCHOOL
1011 Ulatis Drive
Vacaville, CA 95688

SCHOOL MEDICATION REQUEST

California Education Code mandates that a policy be in place when students must take medication during school hours. In order for your student to take medication during school hours, the school must have this request on file. Please return the completed request to the school office before bringing any existing or new medication to school. The school must be given written notification of any change in medication. This form must be renewed at the beginning of each school year.

- All prescribed medication must be in the student's name in its original container.
- Instructions must be noted as to how any/all medications are to be administered.
- Medication expiration date must be current.
- **Students who may require life-saving medication (i.e., epi-pens, inhalers, etc., are not allowed to attend school if medication(s) are not current.**

PARENT REQUEST

Student Name _____

Birth Date _____ Home Phone _____

Address _____

Ongoing Prescribed Medication(s) _____

Instructions _____

Possible side effects _____

Doctor's name and phone number _____

I hereby request Bethany Lutheran School personnel to supervise the administration of the medication prescribed for my child, named above. It is fully understood that the school is administering medication to my child and/or supervising the administration thereof gratuitously and in reliance on my request, aided by consultation of a physician that the prescribed medication and dosages are safe. I further understand that each time the medication is administered, it will not be administered to my child by a licensed health care professional. By my signature on this form, I consent to this, and I voluntarily and knowingly assume the risks associated with this issue.

Accordingly, I assume all responsibility regarding this matter and hereby release the school, its personnel and governing administrative bodies from any and all liability as to injuries or ill effects of any kind which may be caused thereby, including those caused by the school personnel's failure to remind students to take the prescribed medication and to monitor its dosage. _____

Initials

Parent/Guardian signature _____

Date _____ For school year: 20____ to 20____

