Heritage Christian School
North Campus_____ South Campus_____ West 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:_____
_____
_____
_____

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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