

Palisades Charter High School
Request For Any OTC or RX Medication To Be Taken At School
PCHS Health Office (HO): 310 230-7218 Fax: 310 230-7246

I. Section To Be Completed By Parent:

Student's Last Name	First Name	DOB	School Year	GR	Sport(s)
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- I understand I must provide any over-the-counter (OTC) or prescription (RX) medications as prescribed by doctor:
 - In its original container with proper labels; over-the-counter or prescription.
 - An updated doctor's order if there is a change in dosage, schedule or health status.
 - Student may not carry OTC or RX medications, except Health Office (HO) approved.
 - Parent must pick up unused medications by last day of school, if not; the medications will be disposed of properly.
- With doctor's orders and HO approval, my student may carry and self-administer without adult supervision but must follow MD orders. School Nurse must authorize any request to carry meds, i.e.: inhalers, epipen, insulin. I understand, accept there is no direct monitoring; student must alert staff for help. PCHS not responsible for any risk involved with improper use including: overuse, improper administration, breakage, theft, or loss. Health Office and/or Dean of Discipline will rescind consent if found to be sharing, playing or being careless with this medication.
 - Back-up meds in HO? Y / N. Health Office Approval to carry: _____
- **List All Triggers of:**
Allergies SEVERE: _____

Allergies MILD/MODERATE: _____

List Triggers of Asthma: _____
- I consent to the PCHS School Nurse (or designee) communicating with the physician.
- I acknowledge that School Nurse (or designee) must authorize this order; student is given copy of orders when ok'd.

Print Parent Name	Signature	Date	Phone(s)	E-mail
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II. Section To Be Completed By Physician:

Medication	Purpose/Diagnosis	Dosage	Time at School Or Frequency	End Date

Special instructions, side effects, recommending HO back-up supply? _____
 ___ May repeat rescue inhaler every 20 minutes times (___), call parent, then 911 if needed
 Yes___ No ___ I agree this student may carry inhaler, is capable and responsible.

Physician Stamp Required

Physician Printed Name/	Signature	Date
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This request expires at the end of the school year in which made. New doctor orders required each new school year.
 See Administration of OTC & RX Medication in PCHS Parent/Student Handbook and applicable CEC.