

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

**RENEWAL OF REQUEST FOR MEDICATION TO BE TAKEN DURING
SCHOOL HOURS**

Date: _____

Student: _____

School: _____

Dear Parent or Guardian:

Your child has been assisted in taking medication at school in the past. The *Request for Medication To Be Taken During School Hours* authorization has expired and needs to be renewed. The form must be completed by your child's California Licensed Health Care Provider, signed by you and returned to the School Nurse as soon as possible.

Medication must be brought to the office in a pharmacy-labeled container by the parent/guardian or other responsible adult.

Please notify the School Nurse any time there is a change in your child's medication, health status or authorized health care provider.

Principal

School Nurse

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

**RENOVACION DE SOLICITUD PARA EL SUMINISTRO DE MEDICAMENTOS
DURANTE EL HORARIO ESCOLAR**

Fecha: _____

Nombre del estudiante: _____

Escuela: _____

Estimado Padre de Familia o Tutor:

Anteriormente, a su hijo(a) se le asistió en el suministro de medicamentos durante el horario escolar. La "Solicitud para el Suministro de Medicamentos Durante el Horario Escolar" ha caducado y necesita ser renovada. Esta forma debe ser llenada por un médico titulado y debidamente autorizado, firmada por usted y regresada a la enfermera de la escuela tan pronto sea posible.

El medicamento debe ser traído a la oficina por el padre de familia, tutor, o otro adulto responsable en un envase etiquetado por la farmacia.

Por favor notifique inmediatamente a la enfermera cuando haya cambios en el medicamento, el estado de salud de su hijo(a), o de el médico autorizado.

Director(a)

Enfermera de la Escuela