To: Parents/Guardians of PLHS Students

From: The Office

Re: Over the Counter Medications/Prescription Medications

During the school year we receive numerous requests from students for over the counter medications. California State Law requires that schools observe certain regulations in administering medication to students. Written permission from parent/guardian and/or a physician is required for any medication to be dispensed during school hours. Any medication that has to be taken by a student during the school day must be dispensed through the office by designated personnel. If there is an over the counter medication that your student needs periodically, and you would like for him/her to have a supply in the office for his/her use during the school day, you may send it in its original packaging to be stored and dispensed through the office. **The following guidelines must be followed for any medication sent to school:**

1. Written permission for student's use of the medication from parent/guardian.
2. Written instructions for the amount of medication to be dispensed, the time(s) to be dispensed, and the period of time over which the medication must be taken.
3. All over the counter medication must be brought to school in the **original container with the manufacturer's label intact.**
4. All prescription medication must be brought to school in the **pharmacy bottle with prescription label intact and the current dosage indicated.** (If there is a change in dosage, a new bottle must be provided with the new dosage on the prescription label.)

Thank you for your cooperation!
Denise Spartalis
Office Manager

(*Tear off and return to the Office*)

Please fill the appropriate blanks completely or medication CANNOT be dispensed!

I give my permission for_____ to be given the following medication
(Print Student's first and last name)
during school hours by the office or designated personnel during school hours at PLHS.

The following prescription medication: _____

The following over the counter medication to be kept for his/her use:

Name of Medication _____

Dosage of Medication _____

Times(s) to be Dispensed _____

Max. Doses Per Day _____

Parent/Guardian
Signature_____Date_____