

Redding Adventist Academy

Grades K-12 The Christian School That Feels Like Family 2008 / 2009

1356 East Cypress Avenue, Redding, CA 96002

Phone (530)222-1018 Fax (530)222-4260

Request for Medication to Be Taken During School Hours
(To be completed by a licensed Physician)

Pupil Last Name: _____ First Name: _____ Sex: M F

Date of Birth: _____

Purpose of Medication: _____

Name of Medication _____

Dosage Prescribed: _____ Time Schedule: _____

Dose Form: (tablet or liquid) _____ Date of Prescription: _____

Length of time this medication will be necessary: _____

Special recommendations and/or comments: _____

The pupil for whom this medication is prescribed is under my care.

Print name of licensed physician: _____

Signature of licensed physician: _____ Date: _____

Address: _____ Telephone: _____

I request that my child _____, be assisted in taking the above prescribed medication at school by authorized persons. I will comply with the school's policies and procedures. I agree to, and do hereby hold the Redding Adventist Academy and the Northern California Conference of Seventh-Day Adventists and the employees of such harmless from any and all claims, demands, causes or action, liability, or loss of any sort because of, or arising out of, acts or omissions of the Academy or conference or its employees with respect to this medication. (Medications to be kept at RAA need to be in their original container)

Signature of Parent/Guardian: _____ Date: _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____