



Superintendent/Principal  
Michelle Stewart  
mstewart@hvesd.com

# Happy Valley School

A California Distinguished School  
*Small School, Big Goals, Amazing Results*  
3125 Branciforte Drive  
Santa Cruz, CA 95005  
(831)429-1456



Administrative Assistant  
Paige Lynd  
plynd@hvesd.com

## Request for Administration of Medication by School Personnel

The Happy Valley Board of Trustees recognizes that certain students may need to take prescribed or over the counter medication during the school day. The school administrator, secretary or other persons designated by the administrator shall assist such students in taking their medication. The following statements are required before such assistance is given:

1. A written statement from the student's physician detailing the method, amount and time Schedules for the taking of the medication.
2. A written statement from the student's parent/guardian requesting the district assist the student in taking the prescribed and /or over the counter medication.

---

Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

I request that medicine be administered by the school administrator secretary or other designated school personnel to the above-named student in accordance with my physician's instructions.

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time(s) to be given \_\_\_\_\_

Date(s) to be given \_\_\_\_\_

The supply of medication sent to school must contain the name and telephone number of the pharmacy, student's name, name of physician and dosage of medication to be given. Original containers are preferred.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_