Request for Giving Medication at School

Student’s Name___________________________________ Grade _________

Parent’s Name _____________________________________________________

Home Phone _____________________ Work Phone _____________________

• The school nurse or qualified personnel will dispense the medication.
• The medication is to be furnished by the parent or guardian.
• The medication must come in a container from the pharmacist and should include student’s name, name of medication, dosage and amount to be given. If requesting over the counter medication, it must also be in the original container.

Reason for giving medication __________________________________________

Name of Medication _________________________________________________

Amount to be given (should include mg. tablets, ml, cc, tsp, drop, etc.) _________

Time to be given ____________ a.m. and/or ____________ p.m.

Date from (Month/Day/Year) _____________ to (Month/Day/Year) _____________

Name of Physician _______________________ Phone Number _______________

NOTE: On late start/early release days, medication times will not be changed. Morning or afternoon doses should be given at home.

School Personnel has my permission to contact the prescribing physician if clarification is needed concerning the administration of this medication during school hours.

Signature of Parent/Guardian __________________________________________

Date ______________________________________________________________

Permission must be renewed each year.

Revised
Reviewed 07/06/09, 02/23/15, 09/23/19