

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.