

Request for Giving Medication at School

Student Name:

Grade:

Parent/Guardian Name:

Home Phone:

Cell 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 the medication:

Name of Medication:

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

Time(s) to be given:

Date from: _____ to _____
Month/Day/Year Month/Day/Year

Physician Name:

Physician Phone:

NOTE: On late start/early release days, medication time **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
Required

Date

Permission must be renewed each year.