

Parental Request to Have Prescription Medications Administered in School

If it is necessary for your child to receive medication during the school day, please do the following:

1. Send the medication to school with a responsible individual if you are unable to take it to school.
2. Send the medication in the original container properly labeled with correct name, time, dose and date.
3. Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.
4. Fill out the following:

Date: _____

Student's Name: _____

Medication: _____

Dose: _____ Time: _____

Reason for Medication: _____

Allergies to any medications: _____

Number of tablets sent: _____

Amount of Liquid: _____

Parent/Guardian Signature: _____

Nurse's Signature: _____

Number of Tablets/amount of liquid received: _____