



Directions

Requests for the administration of medications by school personnel may be made as follows:

1. A separate request form is to be completed for each medication for each child.
2. Medication must be in the original, properly labeled container accompanied by this completed form. Medicine sent to school in baggies will not be administered.
3. All medication is administered in the clinic. We will store all medication in the clinic.
4. It is the parent's responsibility to pick up unused medication at the end of the school year. Medicine not picked up will be discarded. Medication needed to be taken home must be picked up at the end of the school day.

General Information

Date of Request _____

Student's Name _____ Class _____

Child's Date of Birth _____

Condition for which this medication is required _____

Medication

Medication Name _____

Dosage Instructions _____

Time to be Administered _____

Precautions/Side Effects for my child _____

Physician's Name _____ Phone Number _____

Authorization

I, the undersigned, parent/guardian of (Student's Name) _____
request that the above medication be administered to my child.

Signature (Parent/Guardian) _____ Phone _____