



Parental Request to Have Prescription Medication/Treatment Administered in School

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

- Send the medication to school with a responsible adult if you are unable to bring the medication to school.
- Send the medication in the *original container* properly labeled with student name, medication, time, current dose and date.
- Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.
- Complete all information below:

STUDENT NAME _____ **DATE** _____

NAME OF MEDICATION (S):

DOSE _____
TIME _____

DOSE _____
TIME _____

DOSE _____
TIME _____

Reason for Medication:

Reason for Medication:

Reason for Medication:

Number of tablets sent
Amount of liquid

Number of tablets sent
Amount of liquid

Number of tablets sent
Amount of liquid

Allergies to any medications _____

Parent/Guardian Signature _____

Number of tablets/amount of liquid received _____

Nurse's Signature _____ **DATE** _____

7/2018