

PARENT'S REQUEST FOR GIVING MEDICATION AT SCHOOL

I request that the school nurse or my agents (Principal/Designee) see that

_____ receives this medication from _____ to _____
Student's Name Date

_____ at _____ for _____
Date Time Reason for Medication

Medication Dosage

This medication is furnished by me, and if it is prescription*, it is in its original pharmacy bottle, labeled with my child's name, prescription number, and identification of medication. If it is an over-the-counter medication, it is to be in its original container. The date, time given, and amount given should be entered above. School