

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:

- **Send the medication to school with a responsible individual if you are unable to take it to school**
- **Send the medication in the original container properly labeled with correct name, time, 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.**
- **Fill out the following information:**

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 _____