

**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:

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 information:

Date: _____ **GRADE:** _____

Student's Name: _____

Medication: _____

Dose: _____ **Time:** _____

Reason for Medication: _____

Allergies to any medications: _____

Number of tablets sent: _____

Amount of liquid: _____

I am aware that the school nurse may have need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and I give my permission.

Parent/Guardian Signature: _____

Nurse's Signature: _____

Number of tablets/amount of liquid received: _____

_____ I give permission for this medication to be taken with my child on any school-sponsored field trips during this school year. I understand that a staff member will assist my child in taking the medication as outlined above.

_____ My child will not require medication on field trips

Parent/Guardian Signature: _____