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 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 ________________________________

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 ________________________________