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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Student’s Name</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ____________________________