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### Directions

Requests for the administration of medications by school personnel may be made as follows:

1. A separate request form is to be completed for each medication for each child.
2. Medication must be in the original, properly labeled container accompanied by this completed form. Medicine sent to school in baggies will not be administered.
3. All medication is administered in the clinic. We will store all medication in the clinic.
4. It is the parent's responsibility to pick up unused medication at the end of the school year. Medicine not picked up will be discarded. Medication needed to be taken home must be picked up at the end of the school day.

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### General Information

Date of Request \_\_\_\_\_

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Condition for which this medication is required \_\_\_\_\_

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### Medication

Medication Name \_\_\_\_\_

Dosage Instructions \_\_\_\_\_

Time to be Administered \_\_\_\_\_

Precautions/Side Effects for my child \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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### Authorization

I, the undersigned, parent/guardian of (Student's Name) \_\_\_\_\_  
request that the above medication be administered to my child.

Signature (Parent/Guardian) \_\_\_\_\_ Phone \_\_\_\_\_