

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 need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and that he/she is required to use nursing judgment regarding all medication administration. I give my permission for medication administration by the school nurse

I also give permission for my student's teacher to assist him/her with the above medication on all field trips for the current school year.

Parent/Guardian Signature: _____

Nurse's Signature: _____

Number of tablets/amount of liquid received: _____