

## 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 I give my permission.**

**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: \_\_\_\_\_