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.

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• 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_