Parental Request to Have Prescription/Nonprescription Medication Administered in School

If it is necessary for your child to receive medication during the school day, please do the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Student’s Name</th>
<th>Medication</th>
<th>Dose</th>
<th>Time</th>
<th>Reason for Medication</th>
<th>Allergies to any medications</th>
<th>Number of tablets sent</th>
<th>Amount of liquid</th>
</tr>
</thead>
</table>

***Please Note: It is the responsibility of the parent/guardian to pick up medications and equipment at the end of the school year.***

I am aware that the school nurse may have need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and I give my permission.

Parent/Guardian Signature

Nurse’s Signature

Number of tablets/amount of liquid received