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## Request to Administer Medication in School

Medications can/may be administered at school **only with written authorization** from the parent or guardian **and** if the **medication is in the original container.**

For long-term medication, please send a one month's supply in the original container. It may be necessary to ask your pharmacists for an extra labeled container.

**Medication will not be administered if the above guidelines have not been followed.**

**Please fill out the following information completely and accurately.**

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### Parental permission for administering medication at school.

For prescription medication, the prescription label is the doctor's permission to administer medication.

**Child's Name** \_\_\_\_\_

Today's Date \_\_\_\_\_ Date/s to be given \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_ Prescription Number \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

My child's medication is in the labeled prescription container. I request that authorized staff make provisions for my child to receive the medication as the doctor has prescribed.

Parent \_\_\_\_\_ Phone \_\_\_\_\_