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 ____________