



**Parental Request to Have  
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:

Today's Date \_\_\_\_\_

Student's name \_\_\_\_\_

Medication \_\_\_\_\_

Dates to receive medication \_\_\_\_\_

Dose time \_\_\_\_\_

Reason for medication \_\_\_\_\_

Allergies to any medications \_\_\_\_\_

Number of tablets sent \_\_\_\_\_

Amount of liquid \_\_\_\_\_

Additional comments/information \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

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(Office Use Only)

For Controlled Substances Only

Nurse's Signature \_\_\_\_\_

Number of tablets/amount of liquid received \_\_\_\_\_