## 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.
- 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 have need the medication/treatment and I give my permission	to contact the prescribing healthcare provider or pharm n.	acist relative to
Parent/Guardian Signature		
Nurse's Signature		
Number of tablets/amount of liquid received		