**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 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