



## Request from Parents & Physicians for Emergency Medication Administration in School

**Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Date Prescribed:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time Administered:** \_\_\_\_\_

**Directions for administering:** \_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

Please return this form to school, as soon as possible, along with the medication prescribed to be administered during school hours. The label of the medication container must identify the name of the medication and the name of the child for whom the medication is intended.  
*(EpiPens must be sent in along with the box that it came in and/or have the pharmacy put the label directly on the pen case.)*

**Signature of Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_

**Phone:** \_\_\_\_\_