



Inspire. Dream. Achieve.

PARENTAL REQUEST FOR DISPENSING MEDICATIONS

If it is necessary for your child to receive medication during school and/or Extended Day, please send the medication in the original container properly labeled with correct name, time, dose and date.

Date _____

Child's Name _____

Medication _____ Dose _____ Time _____

Reason for medication _____

Allergies to any medications _____

Number of tablets/patches sent _____ Amount of liquid sent _____

Parent/Guardian Signature _____

Nurse's Signature _____

Number of tablets/patches/amount of liquid received _____