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PARENTAL REQUEST FOR DISPENSING CONTROLLED SUBSTANCES

If it is necessary for your child to receive a **controlled substance medication** during school and/or Extended Day, the medication needs to be in the original container properly labeled with correct name, time, dose and date. Please note that **a parent/guardian must** bring the medication to the nurses office.

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 _____