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

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