

RTR PUBLIC SCHOOL SERVICES – MEDICATION REQUEST FORM

VERBAL MEDICATION CONSENT FORM

(Use this form if a parent/guardian is requesting medication to be given but has not presented a written authorization. Only valid for one day.)

Date of Request: _____

Student's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

Telephone Number: (home) _____ (work) _____

Licensed Prescriber: _____

Telephone: _____

Address: _____

Verbal instructions (to be followed in one day in writing): _____

Signature of person taking the verbal request as delegated by School Nursing Staff Date

Date Given	Medication	Dose	Time Given	Signature