



STUDENT NAME _____

DATE _____

Expiration Date: _____

DEAR PARENT,

I will be happy to give your child his/her medication here at school. I do need the following information and signature before I can safely administer any medication.

Medication _____ Dosage _____

Time to be given _____ Number of days to be given _____

Please initial: _____ I understand that this medication will be discarded if it is not picked up within two weeks, after signing the medication request form.

Parent Signature _____ Phone Number _____

[illegible]