## REQUEST FOR MEDICATION TO BE ADMINISTERED AT SCHOOL DURING SCHOOL HOURS

D.O.B	
Name of Student	Grade
School	Teacher
Medication #1	Dosage
Medication #2	Dosage
Medication #3	Dosage
Date Medication Started	Reason for Meds
Time of Day to be Given	
Anticipated Number of Days to be A	Administered at School
DatePhy	vsician Signature
above medication prescription at scresponsibility to furnish this medical employee who administers any drug instructions from the physician or dof an adverse drug reaction suffered	
Date Signat	ure of Parent or Guardian

NOTE: The medication(s) is to be brought to school in the original container appropriately labeled by the pharmacy or physician, stating the name of the medication, the dosage, time of day to be given and anticipated number of days to be administered at school.