

Request for school to Administer Medication

For parents to complete if they wish the school to administer medication.

The school will not give medication unless you complete and sign this form.

Details of Pupil:

Name: _____

Class: _____

Medication:

Name of Medication: _____

Dosage: _____

Time: _____

Signed: _____ Date: _____

Name (Print): _____

Relationship to Pupil: _____