

**REQUEST FORM FOR ADMINISTRATION OF
 SHORT TERM MEDICATION ©R
 Over the Counter MEDICATION *DURING THE SCHOOL DAY***

Parents of pupils requesting that medication be administered during school hours by school staff are required to provide for the school: 1) a parental release, and 2) medication supplied in the original bottle or packaging.

Pupil's Name _____ Home address _____

DOB _____ School _____ Grade _____ Homeroom _____

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 Medication _____ Dose _____ Time _____

For treatment of _____ Special instructions _____

Parent/Guardian Signature _____ Daytime Phone _____ Date _____

Date	Dosage	Time	Initials	Date	Dosage	Time	Initials	Date	Dosage	Time	Initials

Initials	Signatures	Initials	Signatures

