

**Parental Request to Have Prescription Medications
Administered in School 2024-2025**

- **Send the medication to school with a responsible individual if you are unable to take it to school.**
- **Send the medication in the original container properly labeled with correct name, time taken, dosage and date.**
- **Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.**
- **Fill out the following information:**

Date_____

Student's
Name_____

Medication_____

Dose_____

Time_____

Reason for
Medication_____

Allergies to any
Medications_____

Number of tablets sent_____

Amount of liquid_____

Parent/Guardian
Signature_____