

**Parental Request to Have Prescription Medications  
Administered in School 2023-2024**

- **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\_\_\_\_\_

Number of tablets/amount of liquid received\_\_\_\_\_

Parent/Guardian  
Signature\_\_\_\_\_