



REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

The following medication has been prescribed for this student:

Student Name and Grade: _____

Name of medication: _____

Dosage Strength: _____

Directions:

Remarks:

Note: All medications administered at school must be in an official pharmacy container with a label clearly listing the name of student, medication, dosage instructions and date prescribed. If medications are to be given at home, then request to the pharmacist to divide the prescription into two containers.

I request that the above mentioned medication be given to my child during school hours. By signing this request, I am also giving permission for the TCA nursing staff to administer said medication.

Parent/Guardian Signature

Date