



## **PARENT REQUEST FOR DISPENSING MEDICATION AT SCHOOL**

I request school personnel to dispense medication to my child, \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Times \_\_\_\_\_

The name of the medication is \_\_\_\_\_

***\*Prescribed medications must be in a pharmacy bottle with the physician's name on the label and accompanied by a doctor's note or copy of the script.***

Exact Dosage \_\_\_\_\_

Date Prescription Filled \_\_\_\_\_ Expiration Date \_\_\_\_\_

My child's physician's name is \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone number \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### **Staff Use Only**

<u>Day</u>	<u>Time</u>	<u>Dosage</u>	<u>Signature of Person Administering</u>