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## **PARENTAL REQUEST FOR DISPENSING MEDICATIONS**

If it is necessary for your child to receive medication during school and/or Extended Day, please do the following:

- Send the medication to school with a responsible individual if you are unable to bring it in yourself.
- Send the medication in the original container properly labeled with correct name, time, dose and date.
- Count the tablets/patches or approximate the amount of liquid in the bottle.
- Fill out the form below.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Reason for medication \_\_\_\_\_

Allergies to any medications \_\_\_\_\_

Number of tablets/patches sent \_\_\_\_\_ Amount of liquid sent \_\_\_\_\_

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

Physician's Signature \_\_\_\_\_

Nurse's Signature \_\_\_\_\_

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

04/25/2018