



## Request to Administer Prescription Medication to a Student.

Medication will be administered by staff member.

Student Name: \_\_\_\_\_

Name of prescription medication: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Dosage required: \_\_\_\_\_

Procedure for school to follow eg: with food \_\_\_\_\_

Storage Requirements: \_\_\_\_\_

Parent name and signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_