ADMINISTERING MEDICINE TO STUDENTS
(Request for Giving Medicine at School)

Name ________________________________________  Grade     ____________  
Teacher ______________________________________  School     _______________
Medication     _____________________________________________________________
Diagnosis/reason for giving     _____________________________________________
Time to be given _______________ a.m.  Time to be given _______________ p.m
Dates from___________________________  to     _______________________________

Prescription medication must be in the original container as prepared by a pharmacist and
labeled, including the patient name, name of medication, dosage, and time to be given.  An
over-the-counter medication must be in the original packaging, with all directions, dosages,
compound contents, and proportions clearly marked.  Student misuse of medication being
self-administered may result in seizure and disciplinary action.

__________________________________________          ________________________
Parent's or Guardian's Signature                   Date

A signed physician's statement indicating the necessity must accompany any request for
self-administration of medicine, whether it is prescription or over-the-counter medicine.