

## Medical Unit-Request for Administration of Medicine

Student's name \_\_\_\_\_ Class \_\_\_\_\_

### Medicine to be administered

| No. | Medicine's name | Dose, Method & Instruction | Time Given |
|-----|-----------------|----------------------------|------------|
|     |                 |                            |            |
|     |                 |                            |            |
|     |                 |                            |            |
|     |                 |                            |            |
|     |                 |                            |            |

Date of request \_\_\_\_\_ Termination of request \_\_\_\_\_

Precautions, unfavorable reactions \_\_\_\_\_

Prescribed by doctor  Yes  NO

I give the permission to the school personnel to administer this medications and procedures to the child above.

Parent [s] / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Note for School nurse.

**Note:** Prescribed medication/treatment may be administered by the school nurse. The medication should be brought to the nurse office in the original container and labeled by a pharmacist or a doctor.

Please ensure that this form is attached to the medication and delivered to the school nurse upon arrival time and please pick up the medicine from the nurse office before 4:30 p.m.