

Medication Request Form

This form must be filled out at any time during the school year that it becomes necessary for a student to take medication (either prescribed or over the counter) during the school day. It will be kept on file in the school office.

I request that the medication described below be administered to my child during the school day. I will provide this medication in its original container, and I understand that this medication will be kept in a secure cabinet or refrigerator. This consent is valid for one year and must be renewed annually or whenever a change in medication takes place.

Student _____

Homeroom / Grade _____

Medication _____

Reason for
medication _____

Dosage / Duration _____

Signature _____

Date _____