

## PARENT'S REQUEST TO ADMINISTER MEDICATION AT SCHOOL

School District No. 11 procedures for the administration of medication to students in school requires the written consent of parent/guardian. Whenever possible medication should be given at home and on a schedule other than school hours. All medication must come to school in the appropriately labeled container. Thank you for your cooperation.

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Medication to be given \_\_\_\_\_

Amount to be given \_\_\_\_\_ How given \_\_\_\_\_

Time to be given \_\_\_\_\_ Dates to be given \_\_\_\_\_

Reason to be given \_\_\_\_\_

I give School Health Services permission to communicate with Dr. \_\_\_\_\_  
regarding this medication, if necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_