



Medication Administration Request Form

Medication should be administered by a child’s parent or guardian while at home before and/or after school. Should a dose of an essential medication be required while your child is at school it will be administered at 12:00pm. Please adjust doses given at home according to this time. Medication that is nonessential, such as cold medication, will not be given at school.

Today Date (This form is good for 30 days)			
All Dates Medication Will Be Given			
Child’s First and Last Name			
Name of Medication			
Reason for Medication			
Dosage to be given at 12:00 PM			
Parent/Guardian First & Last Name			
Parent/Guardian Signature			
Office Use Only			
Date	Time	Dose	Signature



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