

Tri-County School

Request for Administration of Medicine or Special Services

Special health care procedures and medications may be administered at school, by school Personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with medication and/or special equipment items are to be brought to the school by the parent.

The medication should be brought to the school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacist dispense two bottles of medication, one for the school and the other for home.

Name of Pupil: _____ Birth Date: _____

Teacher: _____ Grade: _____

Condition for which prescribed treatment is required: _____

Specific medication or procedure: _____

Dosage, time, method of administration (Instruction): _____

Precaution / unfavorable reactions: _____

Date of request: _____ Date of termination: _____

Physicians Name: _____ Dr's telephone #: _____

We (I) the undersigned, the parents/guardians of _____ request that the above medication/procedure be administered to our (my) child. We (I) assume full responsibility for the administration of the above medication and we will inform the school of any change in medication or health status.

Name: _____ Relationship: _____ Tel.#: _____
Signature

Name: _____ Relationship: _____ Tel.#: _____
Signature