

# Request for Administration of Medication

We must have one form per medication. This form is valid through the current school year.

**Section 1** – this section is to be completed by the parent.

Check all that apply:

- \_\_\_\_\_ prescription medication
- \_\_\_\_\_ nonprescription medication
- \_\_\_\_\_ refrigeration required
- \_\_\_\_\_ topical product or lotion

Name of child \_\_\_\_\_

Name of medication \_\_\_\_\_

Exact dosage \_\_\_\_\_ at the following  
times \_\_\_\_\_

Parent signature \_\_\_\_\_ date \_\_\_\_\_

**Section 2** – The following section must be completed by your doctor, dentist or advance practice nurse if...

1. your child is not to follow the dosage directions on a nonprescription medication.
2. the prescription does not have a prescription label with it.
3. a nonprescription medication or lotion is to be taken longer than 2 weeks.

\_\_\_\_\_ (name of child) should take

\_\_\_\_\_ as

follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (signature of doctor, dentist or advance practice nurse)

\_\_\_\_\_ (date) \_\_\_\_\_ (phone number)