

MEDICATION REQUEST

I.....request that the prescribed medication
.....for my child.....
who is in Grade.....be administered according to the schedule as
detailed below:

Name of Medication:.....

Reason for Medication:.....

(Specific) Special Requirements:.....

.....

Dosage:.....

Time / s to be administered:.....

Any specific instructions:.....

.....

Duration of Treatment:.....

Possible side-effects:.....

Family Doctor:.....PH:.....

Parent/Guardian

Emergency Contact :.....

****Please ensure that correct dosages are supplied, and presented to the school in the prescription container / box with written instruction from the doctor.**

Signature:.....

Date:.....