



## Request for giving Medicine at School

(Complete one sheet for each medication.)

~ Please contact school if more request forms are needed. ~

Dear Parents,

NO medicine will be given to your child without a completed form.

All medicines MUST be sent to school in their ORIGINAL bottle or container.

Spalding Catholic WILL NOT dispense over the counter medication to any student.

Below is the form that must be completed BEFORE medicine can be given.

Thank you!

\* \* \* \* \*

PUPIL'S NAME \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSE \_\_\_\_\_

TIME TO BE GIVEN \_\_\_\_\_ A.M.      TIME TO BE GIVEN \_\_\_\_\_ P.M.

DATE FROM \_\_\_\_\_ DATE TO \_\_\_\_\_

**This medicine is furnished by parent or guardian with the regular label from the pharmacist, plus the name and strength of the medicine. This request must be signed and dated to authorize giving the medication during school hours.**

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

SIGNIFICANT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_