

ST. JOHN EVANGELIST SCHOOL

PARENT REQUEST FOR DISPENSING MEDICINE

I request that my child (name) _____ receives the medication prescribed by (physician name) _____, only for the period of time indicated on the container. The medicine is to be furnished by me and is to be in the original container/package with pharmacy label and student's name. It is to be kept in the office or in the nurse's room where it can be locked safely.

MEDICATION

REASON FOR MEDICATION

DOSAGE

TIME TO BE TAKEN

DATE

PARENT SIGNATURE

ST. JOHN EVANGELIST SCHOOL

PARENT REQUEST FOR DISPENSING MEDICINE

I request that my child (name) _____ receives the medication prescribed by (physician name) _____, only for the period of time indicated on the container. The medicine is to be furnished by me and is to be in the original container/package with pharmacy label and student's name. It is to be kept in the office or in the nurse's room where it can be locked safely.

MEDICATION

REASON FOR MEDICATION

DOSAGE

TIME TO BE TAKEN

DATE

PARENT SIGNATURE