

## Parent Request for Administration of Medication

I hereby request that the school nurse or, if she is unavailable, designated school personnel administer medication to my child in school, as prescribed by his/her physician.

Students Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Emergency contact # \_\_\_\_\_

## Parent Request for Administration of Medication

I hereby request that the school nurse or, if she is unavailable, designated school personnel administer medication to my child in school, as prescribed by his/her physician.

Students Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Emergency contact number \_\_\_\_\_