

Request to Dispense Medicine

I request that my child:

(Full Name of Student)

be given / allowed to take

(Name of Medication)

at _____ in dosages of _____
(times) (ml or tablets)

For the Medical Condition:

All medication should be supplied to the school in the container or packet in which it was dispensed.

Any other relevant comments:

Signed:

Parent/Guardian _____ Date _____