Request to Administer Medication

Bremen Public Schools

Please give to _____in _____ the following medication:
Student's Name Grade

Name of Medication and Strength: _____

Amount or How Many to be Given: _____

Time or How Often to be Given: _____

For the Treatment of: _____

Special Instructions:

_____

_____

_____

Parent's Signature Date

NOTE TO PARENT: Parental request to administer medication at school is needed for BOTH prescription and nonprescription medicines. All unused or discontinued medication will need to be picked up by the parent; if it is not picked up, it will be discarded by the school health clinic personnel.

Medication must accompany this form.
The school does not supply any type of medication.