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.