![MCj03982110000[1]]()

 Medicine Request Form

My child needs medicine, which needs to be administered during the school session. I hereby request that the school administer the medication below.

I understand that this is a service that the school is not obliged to undertake and understand that in order for the medication to be given by school staff this form must be completed in detail and medicines must be taken to and collected from the office by an adult.

Signed ………………………………. Parent / Guardian

Date ……………………………………..

Name of child (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days & Dates & Times medication is required:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_