

School Board of Alachua County
Parental Request for Administering Medication at School

Student Name/DOB: _____ / _____

School: _____

I request that the school nurse or a trained staff person delegated by the school principal give my child, _____, the following medication:

Name of medicine: _____

Amount to be given: _____ Time(s) to be given: _____

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

Dates medicine are to be given: from _____ to _____

Prescription medicine **MUST** have original prescription label on the bottle; this label will include the child's name, medication, amount, frequency of administration, doctor's name, pharmacy's name and phone number.

Non-prescription medicine **MUST** be in original (store labeled) container, also marked with the student's name.

I agree to furnish the school with this medication in the bottles as described above. I further understand that the school-designated person will administer this medicine to my child in good faith, at my request.

Parent/Guardian Signature

Date