

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

Student Name/DOB: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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