

REQUEST TO ADMINISTER OVER THE COUNTER MEDICATION

Please give to _____, in the _____ grade, the following medication:
Student's Name

Name of Medicine and Strength

Amount or How Many to be Given (cannot exceed recommended dosage on bottle)

Time or How Often to be Given

For the Treatment of

Special Instructions: _____

Parent's Signature

Date

NOTE TO PARENT: 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 clinic personnel.

February 2013

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