



# DeForest Area School District

## REQUEST FOR ADMINISTRATION of NON-PRESCRIPTION MEDICATION

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

I request that authorized personnel administer medication to my child \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_.  
(Date) (Date)

Name of medication \_\_\_\_\_

Dosage to be given \_\_\_\_\_

Time(s) of day to be given \_\_\_\_\_

I understand the medication is to be furnished by the parent/guardian. The container should be labeled with the name of the child, name of the medication, dosage to be given and the expected duration of treatment.

Date \_\_\_\_\_  
\_\_\_\_\_  
(Parent or Guardian Signature)

Date \_\_\_\_\_  
\_\_\_\_\_  
(Principal's Signature)

If you have any questions or concerns, please call your child's school or a school nurse.

Date	Medication Given	Time	Signature of Person Giving Medication
Date	Medicine Given	Time	Signature of Person Giving Medication

