



Physician's Request for Giving Medication at School
2020-2021 Academic Year
(To be completed by the prescribing physician)

I request that _____ receive the following medication at school as directed.

Please print clearly

Name of Medication	Dosage	Time to be administered	Anticipated period of use

Physician's Signature _____		Date _____
Name (print or use stamp) _____		
Address _____		
Phone number _____	Fax number _____	

*** Note to parents concerning medications to be administered at school:**

DO NOT send prescription medication in the original bottle or package. You must provide a pill container, clearly labeled with the child's name and the days of the week. The appropriate dosage must be placed in the proper daily section.