



PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

Prescribed medication will be administered by St. Anthony staff. Medication must be brought to school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacy dispense two bottles of medication, one for home and one for school.

This information is current until new information is received.

Student _____ Birth Date _____

Condition for which treatment is required: _____

Name of Medication _____ Dosage _____

Administration instructions (include time of administration): _____

Precautions, unfavorable reactions: _____

Date of request _____ Date of termination _____

Physician _____ Telephone _____

Signature of Parent/Guardian

Date