_____
Date

Dear

Your request for your child_____to have medicine administered during school hours has been received.

School regulations do not normally allow our nurses to dispense medicine, including aspirin and all over-the-counter drugs.

Should it be necessary for your child to receive medication during school hours, you must present a note from your personal physician, stating medication, dosage and the length of time your child will be on medication. Any changes in these directions must be verified by a call to the proper school as well as a written note.

Any particularly dangerous condition being experienced by a child on medication should be spelled out in detail with procedure to follow should reaction occur.

Medicine should be properly labeled, in the original container, with the child's name, dosage, etc.; on the pharmacist's label. All medications must be transported to and from school by the parent/guardian.

Student:_____Date:_____

Program _____

Dear Parent:

Please return this form to the principal after it has been completed and signed by your physician. We will make this information part of your child's health record.

Diagnosis_____

Medication_____Dosage_____

Length of time on medication_____

Special conditions to observe_____

Is child on any other medications_____

If yes, please list_____

Is medication (including inhalers) needed during field trips _____

_____ _____

Physician's Signature Parent/Guardian Signature

School Physicians Approval_____