



2009 MEDICATION REQUEST FORM

Dear School Nurse,

I request that my child _____ in Grade _____
Room _____ be administered the following medication whilst at school, as
prescribed by the child's medical practitioner.

NAME OF MEDICATION: _____

DOSAGE (amount): _____

TIMES: _____ from ___/___/2009
to ___/___/2009 or until medication finished.

Medical Condition: _____

I have sent the child's named medication in the original container displaying the
instructions provided by the pharmacist in a plastic snaplock bag with my child's
name for identification.

Yours sincerely

Parent/Guardian Name

Parent/Guardian Signature

____/____/2009
Date