



Growing together,
Learning forever!

Medication Request Form

Date:

Parents Name:

**Dear Principal/Classroom Teacher,
I request that my child
be administered the following medication whilst at
school. The medication is in the original container.**

Name of Medication:

Dose required:

Time to be given by the teacher:

Storage requirements:

Parent Signature:

Given by:

.....

Your child's medication was given by: