MT. VERNON COMMUNITY SCHOOL CORPORATION
REQUEST TO ADMINISTER MEDICATION TO STUDENT DURING THE SCHOOL DAY

If it becomes necessary for a student to take medication or receive treatment during the school day, the parent/guardian must complete this request form and file it in the school's health room. If the medication or treatment is physician-prescribed, the parent/guardian must submit a written prescription from the child's physician or the pharmacy label with the request. This request is in effect for one school year and must be renewed annually or whenever there is a change in the medication.

Parent/Guardian Authorization

I request that the medication described below be administered to my child at the times specified during the school day. I will give the school the medication in its original container. Prescription medication will be labeled with the student's name and the exact dosage.

I understand this medication will be administered to my child only by authorized staff members and will be kept secure in a cabinet or refrigerator.

_____ _____
Student's Name (printed) School and Grade

_____Prescribed_____ Over-the-Counter_____
Name of Medication

Medication to be taken from: _____ to _____
Date Date

_____ Refrigeration Required: Yes___ No___
Amount of Medication to be Given

Time(s) Medication to be Given: _____

Purpose of Medication_____

If medication is to be given "as needed" when can it be repeated?:_____

Amount of Medication Sent to School_____
(Ex. Number of tablets or capsules or amount of liquid)

_____ _____
Physician's Name (printed) Physician's Phone

I give permission for my child to transport medication to and from school: Yes_____No_____

_____ _____
Signature of Parent/Guardian Date

_____ _____
Name of Parent/Guardian (printed) Phone