



MT. VERNON
COMMUNITY SCHOOL CORPORATION

Mini-Marauder
PRESCHOOL



Engage, Educate & Empower Today's Students

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 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

Name of Medication

Prescribed _____ Over-the-Counter _____

Medication to be taken from: _____ to _____
Date Date

Amount of Medication to be given

Refrigeration required: Yes _____ No _____

Time(s) 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

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Phone