

Request to Administer Medication
Bremen Public Schools

Please give to _____ in _____ the following medication:
(Student's Name) (Grade)

Name of Medication and Strength: _____

Amount or How Many to be Given: _____

Time or How Often to be Given: _____

For the Treatment of: _____

Special Instructions: _____

Parent's Signature: _____ **Date** _____

NOTE TO PARENT: Parental request to administer medication at school is needed for BOTH prescription and nonprescription medicines. All unused or discontinued medication will need to be picked up by the parent; if it is not picked up, it will be discarded by the school health clinic personnel.