

**Request to Administer Medication Form  
(Over the Counter Medications)**

If you wish your child to be given medication at school, we need the following information. The purpose is to make sure that your child receives the prescribed medication and that school personnel know the expected reactions to the medication. Please send medication to school, in the original container. It is the responsibility of the parent to submit a new form if the medication is changed in any way (such as time, route, dosage, or if discontinued).

During school hours it is my understanding that trained school personnel will administer the prescribed medication according to the specified parent's recommendations. Should the need arise; I give permission for the school to contact the physician regarding this medication and or the condition for which it is being administered.

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School: Immaculate Heart of Mary School

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian 's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) administered: \_\_\_\_\_

Reason medication is to be given: \_\_\_\_\_

Possible side effects: \_\_\_\_\_