

FORM 1:

Request to Dispense Medicine

To be completed by Parent or Guardian



I request that my child: _____
(Full Name of Student)

be given / allowed to take: _____
(Name of Medication)

at _____ in dosages of _____
(times) (ml or tablets)

For the Medical Condition:

Any other relevant comments:

Signed:

Parent/Guardian _____ Date _____