



Holy Family School

Request for Giving Non-Prescription Medication at School

Name of Child: _____

Date of Birth: _____ Grade Level: _____

Name of Medication (ex. Children's Tylenol): _____

Amount to be given to child (ex: 2 tablets): _____

Dosage of Medication: (ex: 160 mg/ tablet): _____

Frequency medication can be given (ex: every 4 hours): _____

Is the medication given at a scheduled time or given as needed? _____

Reasons child should receive this medication (ex. headache): _____

Start and stop date for medication (9/1/20-6/2/21, school year): _____

The school will not provide any nonprescription medication. This form needs to be filled out only if you want to provide the school with nonprescription medication for your child.

Any medication brought from home must be in the ORIGINAL container and labeled with the student's name. Any dose that is requested to be given, but does not follow the medication dosing instructions, will require a signature from the health care provider as well.

<p>I request that the designated school staff see that my child receives this medication.</p> <p>Parent/Guardian Signature:</p> <p>_____</p> <p>Date: _____</p>
