



# Holy Family School

---

## Request for Giving Prescription Medication at School

To the Physician: According to the State of Wisconsin Medical Examining Board, the following information must be completed in order for school personnel to dispense or administer medications:

Name of Child: _____
Date of Birth: _____ Grade Level: _____
Name of medication: _____
Amount to be given: _____
Duration of treatment: _____
Side effects that school staff should be aware of: _____
_____
_____

**I am willing to accept direct communication from the person dispensing or administering the medication.**

**Physician's Signature:** \_\_\_\_\_

---

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