



REQUEST TO ADMINISTER MEDICATION TO STUDENT

Parent's or Guardian's Authorization Form

I request that the medication described below be administered to my child at the times specified during the Grad Night Party.

I understand that a PARENT or GUARDIAN will need to transport all medications to the school on **June 6th by 10:00 pm.** (Even if the student is of adult age, only the PARENT or GUARDIAN can bring the medications to the school).

Medication **MUST** be in its original container or current prescription bottle, or we will not accept it.

I understand that a separate form must be completed for each medication.
(Example: Tylenol, Advil, EpiPen, etc.)

I understand that this medication will be administered to my child by a medical professional.

Student's Name (Printed): _____

Student's DOB: _____

Name of Medication: _____

Dose of Medication to be given: _____

Date Medication to be given: _____

Time Medication to be given: _____

Parent's or Guardian's Name (Printed): _____

Parent's or Guardian's Signature: _____

Parent's or Guardian's Cell Phone Number: _____

Please check here if it is OK to send the Medication home with your student once we return to school.