



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 4th 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): _____
Name of Medication: _____
Date Medication to be given: _____

Student's DOB: _____
Dose of 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.

Questions? Email MPACT.gradnight@gmail.com

The Beaverton School District does not sponsor or endorse any activities related to Senior Grad Night.