

**KAUKAUNA CATHOLIC SCHOOL SYSTEM**  
**ADMINISTRATION OF MEDICATION REQUEST**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name: \_\_\_\_\_ O-T-C: \_\_\_\_\_

Prescribed: \_\_\_\_\_

Time: \_\_\_\_\_ Dosage: \_\_\_\_\_

Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Illness/Condition: \_\_\_\_\_

If "as necessary", describes conditions under which medication should be given:

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Special Instructions (side effects, recautions, etc.)

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I request that school personnel administer this medication to my child according to directions stated above and to contact physician if necessary.

I understand that all medication is to be supplied in a **pharmacy-labeled container** clearly stating child's name, medication and dosage.

I will notify the school at once with changes in above order.

Parent/Guradian Signature: \_\_\_\_\_

**Necessary for Prescription Medication:**

Physician Signature: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Clinic/Office: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**\*\*We do not administer any medication that does not have the drug store label or over-the-counter label on the container.**