

East Sac County Schools
(Request for giving medication at school)

Student's Name: _____

Teacher's Name: _____

Medication: _____

Dosage: _____

Doctor (who prescribed): _____

Reason for medication: _____

Time to be given: _____

Date from _____ to _____

This medication is furnished by parent or guardian with the regular label from the pharmacist. This must be signed by the parent or guardian so it may be given in school at the time designated.

Parent or Guardian

Date