

**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.

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Parent or Guardian

Date