

**MEDICATION/PERSONAL CARE REQUEST FORM**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Father/Guardian – work telephone number \_\_\_\_\_ Mother/Guardian – work telephone number \_\_\_\_\_

Name of Medication \_\_\_\_\_

Personal Care Required \_\_\_\_\_

Purpose of Medication/Personal Care \_\_\_\_\_

Name of Doctor\* \_\_\_\_\_ Phone Number \_\_\_\_\_  
*\*where procedures beyond a written prescription are required, written instructions from the doctor shall be required*

Time(s) Medication/Personal Care is to be given \_\_\_\_\_

Dosage, frequency, time, and/or related instructions \_\_\_\_\_

Possible Side Effects and appropriate treatment \_\_\_\_\_

Termination Date of Medication/Personal Care \_\_\_\_\_

**Parent’s Request and Approval**

I hereby request and give my permission to the above school to administer medication (including Epi-Pen, transportation to hospital for life-threatening allergies) prescribed on this form to my child.  
I agree to supply the medication in its original container which identifies the owner and contents. The supply will be replenished when necessary without contact by the school.  
We the parents/guardians, hereby waive all rights of action on behalf of ourselves and/or our child in case of any cause of action that may arise as result of the principal/designate proceeding with our request.

\_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**School Use**

Person administering Medication/Personal Care \_\_\_\_\_

Alternate Person \_\_\_\_\_

Location where Medication/Personal Care supplies are kept \_\_\_\_\_