



Parent/Guardian Request for Administration of:  
**PRESCRIPTION AND NON-PRESCRIPTION MEDICATION**

I request and give my consent for the designated school employee to give my child (print name) \_\_\_\_\_, medication as directed below. My child must have this medication during school hours. The medication is to be furnished by me **IN THE ORIGINAL CONTAINER AND IS TO BE LABELED** (CURRENT PHARMACY LABEL IF PRESCRIPTION) AND GIVEN AS FOLLOWS:

Name of medication: \_\_\_\_\_

Over the Counter  or Prescription  If Prescription, Write #: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time of Day to be taken: \_\_\_\_\_ or as needed:

Reason for Medication: \_\_\_\_\_

Expected duration of treatment: \_\_\_\_\_ or Until End of School

Physician's Name & Phone Number (if applicable): \_\_\_\_\_

I understand that all medications must be brought to the office where they will be secured by school personnel. Freedom Academy, Inc., will not be responsible for any reaction to medications given according to the directions. I agree to notify the school immediately of any change in medication.

I understand that I am responsible for retrieving any unused medication at the end of the school year and understand that **any medication not picked up will be discarded.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number(s): \_\_\_\_\_

\*School personnel must follow the dosage and time(s) on the prescription label. Any dose changes must have written physician's order. Prescription must be for the current year.

Medication picked up by (signature): \_\_\_\_\_

Date: \_\_\_\_\_