## KIRTLAND LOCAL SCHOOLS

## Request Form for the Administration of Nonprescription Medication at School

I hereby request and give my permission to the principal or his designee (school nurse or other responsible person) to administer the following medication(s) to my child.

Dosage:	
Time(s) of the Day:	am/pm
	am/pm
	am/pm
	Dosage: Time(s) of the Day:

## Note to Parent:

We have generic, non-aspirin, Tylenol or Motrin to give to students when necessary. If you supply your child's medicine, it must be marked properly and in the original labeled container. Please send some in, if possible.

Date	Time	Medical Amount	Signature	Date	Time	Medical Amount	Signature