

# Northland Christian School Medication Request Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Please follow the guidelines below when sending medication to school:

1. All medication must have the child's name on the container.
2. Only medication that cannot be given at home will be given at school.
3. Send medication in the original container. Prescription medication must have the student's name and the pharmacy label on the bottle.
4. Medication that has expired or is not picked up the end of the school year will be thrown away.

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) to be given \_\_\_\_\_

Prescription Number \_\_\_\_\_ Date Filled \_\_\_\_\_

Over the Counter

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) to be given \_\_\_\_\_

Prescription Number \_\_\_\_\_ Date Filled \_\_\_\_\_

Over the Counter

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) to be given \_\_\_\_\_

Prescription Number \_\_\_\_\_ Date Filled \_\_\_\_\_

Over the Counter

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) to be given \_\_\_\_\_

Prescription Number \_\_\_\_\_ Date Filled \_\_\_\_\_

Over the Counter

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form along with medication to Student Services.