



Medication Request Form

Each student is required to have a medication request form on file with the health room for medications that need to be administered during the school day. Medication must be in the original container and properly labeled with the student's name, homeroom teacher, and dosage.

Student's Name _____ Grade _____ Homeroom Teacher _____

Over the Counter Medication

Medication _____ Reason for Taking _____

Dosage _____ Time to be given _____

Special instructions: _____

Please give the above medication for _____ days.

Prescription Medication

Medication _____ Reason for Taking _____

Dosage _____ Time to be given _____

Special instructions: _____

Please give the above medication for _____ days.

Start date _____ End date _____

I authorize Holy Spirit Catholic School to assist my child in taking the above medication. I will not hold liable any member of Holy Spirit Catholic School staff and/or faculty who is directed by me to assist my child in taking the medication. I am also stating that I have given the above medication to my child previously, and he/she is not allergic to it and has had no negative side effects.

Signature of Parent or Guardian

Phone Number

Date