EAST MARSHALL COMMUNITY SCHOOL Request for Giving Medicine at School

Pupil's Name	Grade
Teacher's Name	School
Medication	Dosage
Time to be givena.m. orp.m.	Before Lunch With Lunch After Lunch
Date fromt	to
This medicine is furnished by parent or guardian with the regular label from the pharmacist, and includes the name and strength of the medicine. This request must be signed by parent or guardian, or physician to authorize giving medication during school hours.	
Parent or Guardian Signature	Date
Physician Signature	Date