

**Request to Administer Medication**  
**Bremen Public Schools**

Please give to \_\_\_\_\_ in \_\_\_\_\_ the following medication:  
(Student's Name) (Grade)

**Name of Medication and Strength:** \_\_\_\_\_

**Amount or How Many to be Given:** \_\_\_\_\_

**Time or How Often to be Given:** \_\_\_\_\_

**For the Treatment of:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE TO PARENT:** Parental request to administer medication at school is needed for BOTH prescription and nonprescription medicines. All unused or discontinued medication will need to be picked up by the parent; if it is not picked up, it will be discarded by the school health clinic personnel.