



DARCY ROAD PUBLIC SCHOOL
WE STRIVE



Education
Public Schools

REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION

Student's Name:

Name of Prescribed Medication:

Prescribed Dosage:

Time Required:

Storage Required (if any):

Length of Time Medication is required (e.g. days, weeks):

Signed:

Date:

This form must be completed before medication can be administered.

Asthma puffers may be carried by a student and self-administered. ALL other medications must be sent to the office.

Miss Trudy Hopkins
Principal

Office Use Only

Signed..... (Principal or Deputy Principal)