



Leadership Prep School

REQUEST FOR ADMINISTRATION OF MEDICATION

Name of Student: _____

Date of Birth (MM/DD/YYYY): _____

I understand that my child may not keep in their possession or carry medications with them during school. I do hereby request that school personnel of Leadership Prep School administer the medication set forth below to my child. I have supplied all the medication in the **ORIGINAL CONTAINER** with information concerning dosage of medication. I do hereby release Leadership Prep School, its agents, servants, employees, and medical advisors from any liability in connection with administration of this medication.

Please Note: Student may carry specific medications such as inhalers and/or Epi Pens with a doctor's permission note kept on file in our medical clinic.

Medication: _____

Time: _____

Dosage: _____

Special Instructions: _____

Medication: _____

Time: _____

Dosage: _____

Special Instructions: _____

Medication: _____

Time: _____

Dosage: _____

Special Instructions: _____

Medication: _____

Time: _____

Dosage: _____

Special Instructions: _____

Additional Notes: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Once you have completed this form, please print and give to the Nurse as soon as possible.