

**Gilbert Public Schools  
Health Services Department  
REQUEST FOR SCHOOL ADMINISTRATION OF PRESCRIPTION MEDICATION**

In order for children to receive medicine while at school, the following form (both parts A and B) must be completely filled out and returned to the school prior to its administration.

School Year \_\_\_\_\_ - \_\_\_\_\_

**AD Parent's Request for giving Medication at School (To be filled out by parent/legal guardian)**

I request that the designated staff member give my child, \_\_\_\_\_  
Student's Name

the medication prescribed by our health care provider \_\_\_\_\_  
Name of Provider

The medication is to be furnished by me and is to be in the original container from the pharmacy with the label matching the written doctor's order. If any changes in medication or dosage occur, the school must be notified immediately and a new form must be completed. Student's misuse of medication being self-administered will result in confiscation and disciplinary action. I authorize the physician to speak with the Registered Nurse regarding my child and this medication.

I DO            I DO NOT            consent to transmission of my child's medical records electronically.

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