



## REQUEST FOR MEDICATION TO BE GIVEN AT SCHOOL

I request that (child's name) \_\_\_\_\_  
be allowed to take the following medication at school.

I am sending it in its original labeled container.     Prescription     Over the Counter

Reason for Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Frequency/Time: \_\_\_\_\_

Can the bottle stay at school:     Yes     No    *Student CANNOT transport medication*

Physician's Name (print): \_\_\_\_\_

\*Physician's Signature: \_\_\_\_\_ *Required for OTC medications*

Physician's Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* NOTE: Per Rockwood School District's Medication policy, prescription and over the counter medications require written instructions from an authorized prescriber. In lieu of the physician's written request, the District will accept a prescription label properly affixed to the medication. The request shall state: name of student, name of drug, dosage, frequency of administration, route of administration, and the name of prescriber. Your pharmacy can provide an extra-labeled bottle for school.

The physician may fax this order to school at: \_\_\_\_\_

Read the full Policy 2870: Administering Medicines to Students on the Rockwood Web site at  
[www.rockwood.k12.mo.us](http://www.rockwood.k12.mo.us)