## STUDENT MEDICATION REQUEST FORM

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name: Parent signature**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YEAR  | 2022 | 2023 | 2024 | 2025 | 2026 |
| GRADE |  |  |  |  |  |
| TEACHER |  |  |  |  |  |

*The Parents accept responsibility for the accuracy of this information and for ensuring that supplies of officially labelled medication are available and in date.*

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| --- | --- | --- | --- |
| Drug |  | Start Date |  |
| Dose |  | End Date |  |
| Frequency |  | Action Plan Date  |  |
| Reason for medication |  |  |
| Special Instruction |  |  |

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| Date |  |  |  |  |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |  |  |  |  |
| Given |  |  |  |  |  |  |  |  |  |  |
| Signed |  |  |  |  |  |  |  |  |  |  |

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| Date |  |  |  |  |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |  |  |  |  |
| Given |  |  |  |  |  |  |  |  |  |  |
| Signed |  |  |  |  |  |  |  |  |  |  |

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| Date |  |  |  |  |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |  |  |  |  |
| Given |  |  |  |  |  |  |  |  |  |  |
| Signed |  |  |  |  |  |  |  |  |  |  |

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| Date |  |  |  |  |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |  |  |  |  |
| Given |  |  |  |  |  |  |  |  |  |  |
| Signed |  |  |  |  |  |  |  |  |  |  |

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| Date |  |  |  |  |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |  |  |  |  |
| Given |  |  |  |  |  |  |  |  |  |  |
| Signed |  |  |  |  |  |  |  |  |  |  |