



# ST. TIMOTHY'S



## MEDICATION REQUEST FORM

**DATE:**

**PARENT NAME:**

**CONTACT NUMBER:**

I request that my child \_\_\_\_\_ be administered the following medication:-

**MEDICATION NAME:**

**DOSAGE:**

**TIME:**

I have sent the medication in the original container displaying the instructions provided by the doctor/pharmacist.

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**Parent Signature**

**OFFICE USE ONLY:**

Medication Administered at \_\_\_\_\_

Staff Member \_\_\_\_\_

(Last Reviewed Nov 2019)