



Request to Dispense Medicine

To be completed by Parent or Guardian

I request that my child:

(Full Name of Student)

be given / allowed to take

(Name of Medication)

DISPENSING CUP/SPOON MUST BE SUPPLIED WITH MEDICATION

at _____ in dosages of

(times)

(ml or tablets)

For the Medical Condition:

Any other relevant comments:

Signed:

Parent/Guardian _____ Date _____