

MEDICATION REQUEST AND PARENT PERMISSION

Dear Parent:

The Dinwiddie County School Division discourages the administration of prescription and/or non-prescription medication in the schools. However, we recognize that, at times, children must receive medication during the school day. If your physician indicates that it is necessary for your child to receive medication during the school day, the physician's approval and specific directions must be provided to the school. The medication should be sent to the school in the original or duplicate box or bottle with the current prescription label on the container. Upon request, pharmacists have labeled empty containers to be used.

Please take the enclosed form to your physician and have him/her provide the requested instructions regarding the administration of medication to your child. Return both forms to the school.

Principal		School	
Phone Number			
hereby give my permission for s	-	administer medication to my child, ol day as provided by my physician's	
(Print Full Name) nstructions.	_,		
Printed Name		Relationship to Child (Parent/Guardian/Etc.)	

FORM NO.: MED 1