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|  | **Medication Request Form** |  |

**Staff at Ellen Tinkham School or Ellen Tinkham College will not give your child any medication unless you complete and sign this form.**

|  |  |
| --- | --- |
| **STUDENT NAME:** |  |
| **DATE OF BIRTH:** |  |
| **ALLERGIES:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication & strength** | **Time** | **Dose** | **Full directions for use** |
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I understand that I must inform the transport escort that medicines are being transported to school.

I consent to the school nursing staff or school staff giving the above medication to my child

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date** |  |
| **Signature** |  |
| **Relationship to Pupil** |  |