



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

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			