



**GRACE**  
CHRISTIAN SCHOOL

### Medication Request Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Days to be administered: Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I request that the medication described above be administered to the named child at the times and on the days listed. I release school personnel from any liability in the administration of this medication.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**\*Please return this form to the school office along with medication to be dispensed.**