

**HODGEMAN COUNTY, USD #227
GRADE SCHOOL
JETMORE, KS. 67854**

Request to administer medication during school attendance
NON-PRESCRIPTION

Name of Student: _____

Grade: _____

Medication: _____

Dosage: _____

Time of day or schedule for medication: (please specify)

Medication to be given on a set schedule every _____ hours

Medication to be given only when needed every _____ hours

Start date: _____

Expected days of use: _____

Reason for medication: _____

I hereby certify that _____ has previously had at least one dose of the above medication and had no adverse reactions. I request that this medication be administered at school as directed above. I understand that it is my responsibility to furnish this medication.

Signature: _____

Date: _____

Note: This medication **MUST** be brought to school **in the original container appropriately labeled**. It **MUST** be marked **with the student's name**.

This request is valid for the current school year only.