Grade_	
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SNAP

Parent Request for Administration of Medication by Good Shepherd Episcopal School Personnel School Year_____

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to the school by the parent.

Prescribed medication/treatment may be administered by a non-health professional designate of the Head of School. The medication should be brought to school in the original container appropriately labeled by the pharmacy. Non-prescription medication must be in the original container, labeled with the student's name.

Date of Request:Student Name:						Birth Date:					
Specific	medicat	tion or procedure:									
Dosage:Time to be administered:Dates to be administered:											
Conditio	on for w	hich medication or proce	dure is required	d:							
Special	Instructi	ons/Precautions/Side Eff	ects of Medicat	ion	on Stu	dent:					
		elow indicates that I requ procedure specified abo	-		rd Episco	opal School's	nurse or support staff to	o administer			
Signatu	re						Date				
Date	# Pills In	Counter's Signature	Witness Initials		Date	# Pills In	Counter's Signature	Witness Initials			
						Dicked Up b	w Baront/Guardian or Son	t Homo			
					Date	#Pills Ret	y Parent/Guardian or Sen Signature	Witness			
					Date	אוווס ווכנ	Jigitature	VVIUIESS			

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials