

SOUTHWESTERN CHRISTIAN SCHOOL SCHOOL HEALTH SERVICES REQUEST FOR GIVING MEDICINE AT SCHOOL

(Prescription and/or over-the counter drugs)

Name			Grade	
Teacher _				
Diagnosis				
Medication	n			
Date From	1	Date To		
Time to be	e Given	a.m. Time to be Given	p.m.	
tion, amou be in origi	int to be given, nal bottle with		duration of treatment el.	with the name of the medica- . Prescription medication must
Signature			Date	
For Office		rent or Guardian Inly-Do not write below this i	line.	
Date	Time	7 1		Initials