



# Welsh Hills School

## Request for Administration of Medication

2610 Newark-Granville Rd. Granville, OH 43023 p 740-522-2020 f 740-920-4326

Check all that apply:

- Non-Prescription Medication
- Prescription Medication
- Topical product or lotion

Complete all of the following information for a **Non-Prescription** medication or product:

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of Medication or product: \_\_\_\_\_ Exact dosage: \_\_\_\_\_

To be administered at the following times: \_\_\_\_\_

For the following period of time: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete all of the following information for a **Prescription** medication or product:

\_\_\_\_\_ is under my care and should receive \_\_\_\_\_  
(Name of child) (Name of medication or product)

as follows: \_\_\_\_\_  
(include dosage and instruction)

Possible side effects to watch for are: \_\_\_\_\_

\_\_\_\_\_  
Signature of physician or dentist

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Telephone number

**Each medication requires a separate form.**

**Medication must be sent in the original container with the child's name clearly marked.**

WHS keeps all medication in a secure location. Unused medication will be sent home at the end of the school year.