

**Generic Request for  
Administration of Medication by School**

**20** \_\_\_ - \_\_\_ *School Year*

*Date submitted to the office:*

20 \_\_\_ - \_\_\_ - \_\_\_

***Complete this form if you require school staff to administer any over-the-counter or prescription medications for your child.***

***One form is required per student per year.***

Student name \_\_\_\_\_

School year 20\_\_\_ - 20\_\_\_

Grade \_\_\_\_\_

Other information: \_\_\_\_\_

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

By signing this form, I, undersigned parent:

Authorize the staff at Ahlul-Bayt Islamic School to administer over-the-counter and prescription medication to my child upon my request throughout this school year.

Agree to provide ALL medication in original packaging or pharmacy labeled container.

- All medication must be labeled with the student's name and the name of the drug.
- Prescription medication packaging must also be labeled with the time to be taken.

Agree to provide verbal confirmation to the school office for every medication.

Parent's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

*This form is also available for download from the school's website [www.abischool.com](http://www.abischool.com)*