

WEeping WATER PUBLIC SCHOOLS

204 WEST O STREET, PO BOX 206
WEeping WATER NE 68463
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"The mission of Weeping Water Public Schools, Every Student, Every Day, Life Long Learning Is The Weeping Water Way"

Request for Administration of Medication by School Personnel

I request that the administrator or their delegated authority administer the following medication to:

Name & grade of student: _____

Name of medication, strength and when applicable: _____

Time medication is to be given: _____

Amount of medication to be given (capsule, tsp): _____

Date(s) medication is to be given: _____

Signature of parent/guardian: _____

Date: _____

PLEASE NOTE! Medication MUST be in the original container labeled from the pharmacy!

Out-dated (expired) medication will NOT be given!

Over-the-counter medication MUST ALWAYS be sent in the original container. For further school policy.