

Cass City Public Schools Medication Request Form

_____ is to receive medication during school hours.

This medication is ordered for the following reason.

Type of medication _____

Dosage _____ Time to Administer _____

Ordering Physician _____

** Prescription medication **must** be in a properly labeled pharmacy bottle.

Over-the-counter medication must be in properly labeled containers or packaging.

Parent/Guardian

Date

Mrs. Kathy LaPonsie
Cass City Public Schools Nurse