



St. Mark's Preschool  
4801 Six Forks Road  
Raleigh, NC 27609  
919-787-1832 x 16  
919-787-7548 fax

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## REQUEST FOR MEDICATION TO BE GIVEN DURING SCHOOL HOURS

This form must be on file before the administration of any medication is permitted. All medication must be kept locked in the directors office with current expiration dates. EpiPens should stay with the classroom teacher.

Name of child \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_

This medication must be furnished by a parent/guardian within a properly labeled container.

Our school policy **REQUIRES** a signature of a physician for all prescription and over-the-counter medicines. For your convenience, the physician may fax this information to the St. Mark's Preschool at 919-787-7548.

### Parent Permission

I hereby give permission for my child (named above) to receive medication during school hours by the director or classroom teacher. I hereby release St. Mark's Preschool and its agents and employees from any and all liability that may result from my child taking the prescribed medication. The school will notify the parent if medication is administered as to the dose and time.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_