

RCSS AUTHORIZATION TO GIVE MEDICATION AT SCHOOL - Pro-Longed Time Period

If medication can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed.

[Redacted area containing student information and medical history]

Homeroom Teacher:

Grade:

I request that _____ School, through the principal or designee to supervise/assist in the administering of medication to my child according to the instructions below. I understand that:

Medications must be in the original labeled container (no baggies, foil, etc.). Pharmacies can provide a copy of the original container.

[Redacted area for signature and date]