

Date: \_\_\_\_\_

Dear Doctor,

When a student is required to take medicine which is prescribed by a doctor we prefer that all doses be administered at home. This medicine can usually be arranged to be administered prior to the beginning of school and/or after the school day.

However, if you consider it to be essential for the student's health that certain medication be administered during school hours, there is pertinent information we must have. Would you please complete the following data and return it to the school office.

Thank you.

Very truly yours,

Mrs. Tiffany Costlow  
Health Care Provider

-----  
Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time of day to be given: \_\_\_\_\_

Duration of time it shall be given: \_\_\_\_\_

Contraindications or other information: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_