

GENERAL MCLANE HIGH SCHOOL
DISPENSING OF MEDICATION

Dispense _____
(Name of medication/ dosage/ time of day/ duration.)

To _____
(Name of student.)

This medication had been prescribed by me and it is realized that the container must be clearly labeled with name of the medication, the amount to be given, the time of day to be given, the duration of the treatment and the name of the student. This medication is being given during the school day, because another time is not feasible.

(Physician's Signature)

(Parent/Guardian Signature)

(Date)