



# ANANSI CHARTER SCHOOL

PO Box 1709  
57 State Highway 230  
El Prado, NM 87529-1709  
(575)776-2256 ph (575)776-5561 fax  
www.acstaos.org

## Request for Administration of Medication

Name of Child: \_\_\_\_\_

Type of Medication (Check one): Prescription \_\_\_\_\_ Non-Prescription \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_

Medication Expiration Date: \_\_\_\_\_

Time(s) medication is to be administered: \_\_\_\_\_

Date(s) medication is to be administered: \_\_\_\_\_

Is child taking any other medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name of other medications: \_\_\_\_\_

I request that the staff of Anansi Charter School administer the above medication and I release the staff from any and all liability resulting from the administration of the listed medication(s).

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

### Medication Log (To be completed by staff when medication is administered)

Name of Medication	Dosage Given	Date	Time	Administered by