



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