

Request to Collect Medication from School

Student Name: _____ Date of Birth: ___/___/___

Allergies: _____ Year Level: _____

Please list all medications that you are collecting. Please give a brief explanation as to why these medications are being collected.

Name of medication	Reason for collection

I hereby request to collect the above medication because it is no longer needed or out of date.

I agree to notify the school, in writing, if there are any changes to the medication needs of my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ___/___/___