[Date]

[Recipient Name, e.g., School Nurse or Facility Manager]
[Name of Institution/School]
[Address]

Subject: Request for Short-Term Antibiotic Administration - [Patient Name]

Dear [Recipient Name],

I am writing to request assistance in administering a prescribed antibiotic to [Patient Name] during [school/program] hours. This medication is necessary to treat a temporary infection and must be taken according to a specific schedule.

Please find the medication details below:

- **Medication Name:** [Name of Antibiotic]
- **Dosage:** [e.g., 250mg / 5ml]
- **Administration Time:** [e.g., 12:00 PM daily]
- **Start Date:** [Date]
- **End Date:** [Date]
- **Storage Requirements:** [e.g., Refrigeration required / Room temperature]

The medication is provided in its original pharmacy container with the professional label intact. [Patient Name] is aware they need to visit the [office/clinic] at the designated time.

Potential side effects to watch for include: [List side effects, e.g., nausea or rash]. Please contact me immediately at [Phone Number] if any concerns arise.

Thank you for your assistance in ensuring [Patient Name] completes this course of treatment.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Relationship to Patient]