

If your child has medication that must be administered at school, please bring a copy of this permission form for each medication that you bring to the school.

The medication is to be brought to school in the original container appropriately labeled by the pharmacy or the physician stating the name of the medication, dosage and times to be administered.

Thank you.

Permission for Medication

Name of Student _____

School _____ Grade _____

Teacher _____

Medication _____ Dosage _____

Date Started _____

Time of day medication is to be given _____

I hereby give my permission for _____ to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug or nonprescription medication pursuant to parental written request to my child in accordance with written instructions from the parent/guardian, physician or dentist shall not be liable for damages as a result of an adverse medication reaction suffered by the student because of administering such medication.

_____ Date

_____ Signature of Parent or Guardian